

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

1996 APR 30 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1996

 FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P92000011721 (7)
 1. Corporation Name
PREMIER ENTERTAINMENT OF CENTRAL FLORIDA, INC.

Principal Place of Business: **401 E. SEMORAN BLVD. CASSELBERRY FL 32707**
 Mailing Address: ~~300 S. ORANGE AVENUE SUITE 2300 ORLANDO FL 32801 FL~~

3. Date Incorporated or Qualified: **12/14/1992**
 3a. Date of Last Report: **04/03/1995**
 4. FEI Number: **59-3170854**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
 This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country
 25
 26 **401 E. Semoran Blvd.**
 27 Suite, Apt. #, etc.
 28 **Casselberry, FL**
 29 **32707**
 30

9. Name and Address of Current Registered Agent
~~A.G.C. CO.
 200 S. ORANGE AVE.
 SUITE 2300
 ORLANDO FL 32801~~

10. Name and Address of New Registered Agent
 81 Name: **CORPORATION SERVICE COMPANY**
 82 Street Address (P.O. Box Number is Not Acceptable): **1201 Hays Street**
 83
 84 City: **Tallahassee** FL 85 Zip Code: **32301**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.
Karen B. Rozar, as agent
 SIGNATURE: *[Signature]* DATE: **4-30-96**

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	VEIGLE, JAMES
STREET ADDRESS	401 E. SEMORAN BLVD.
CITY-ST-ZIP	CASSELBERRY FL 32707
TITLE	D <input type="checkbox"/> DELETE
NAME	VEIGLE, CHARLES
STREET ADDRESS	401 E. SEMORAN BLVD.
CITY-ST-ZIP	CASSELBERRY FL 32707
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	300001802503
1.3 STREET ADDRESS	-05/01/96--01010--004
1.4 CITY-ST-ZIP	****200.00 ****200.00
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.
 SIGNATURE: *[Signature]* DATE: **4/22/96** DAYTIME PHONE: **407-260-7603**

CR2E034 (12/95)