

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 Mar 22 1999 8:00 am
 Secretary of State

DOCUMENT # P92000011721

1. Corporation Name
PREMIER ENTERTAINMENT OF CENTRAL FLORIDA, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**401 E. SEMORAN BLVD.
 CASSELBERRY FL 32707**

Mailing Address
**750 N. MAITLAND AVE
 MAITLAND FL 32751
 US**

2. Principal Place of Business
 21 Suite, Apt #, etc.
 22 City & State
 23 Zip Country
 24 25

2a. Mailing Address
 26 **200 North Thornton Ave**
 Suite, Apt #, etc.
 27
 City & State
 28 **Orlando, Florida**
 Zip Country
 29 **32801** 30

3. Date Incorporated or Qualified
12/14/1992

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

8. This corporation owes the current year Intangible Personal Property Tax Yes No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
**SMITH, RANDALL C. E
 750 N. MAITLAND AVENUE
 MAITLAND FL 32751**

81 Name
Randall C. Smith, Esq

82 Street Address (P.O. Box Number is Not Acceptable)
200 North Thornton Avenue

83

84 City
Orlando FL 85 Zip Code
32801

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. Thereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE
 Signature, typed or printed name of registered agent and title if applicable

Randall C. Smith 2/25/99
 (NOTE: Registered Agent signature is not required for this filing.)

12. OFFICERS AND DIRECTORS

TITLE	D	[] DELETE
NAME	VEIGLE, JAMES	
STREET ADDRESS	401 E. SEMORAN BLVD. CASSELBERRY FL 32707	
CITY-ST-ZIP		
TITLE	D	[] DELETE
NAME	VEIGLE, CHARLES	
STREET ADDRESS	401 E. SEMORAN BLVD. CASSELBERRY FL 32707	
CITY-ST-ZIP		
TITLE	S	[] DELETE
NAME	VOEGLIN, NANCY	
STREET ADDRESS	401 E. SEMORAN BLVD. CASSELBERRY FL 32707	
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[] Change [] Addition
12 NAME	300002824343-1
13 STREET ADDRESS	-03/30/99--01093--018
14 CITY-ST-ZIP	***150.00 ***150.00
21 TITLE	[] Change [] Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	[] Change [] Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	[] Change [] Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	[] Change [] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	[] Change [] Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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, with all other like empowered

SIGNATURE: *Nancy Voegtlin* Nancy Voegtlin, Sec 2/26/99 (407) 767-2977

CR2E034 (1/198)