

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

**FILED**  
**May 07 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P94000029019 (4)**

1. Corporation Name  
**BALLY'S ENTERTAINMENT FLORIDA, INC.**



Principal Place of Business  
**8700 WEST BRYN MAWR CHICAGO IL 60631**

Mailing Address  
**8700 WEST BRYN MAWR CHICAGO IL 60631-3507**

3. Date Incorporated or Qualified **04/15/1994** 3a. Date of Last Report **02/07/1996**

4. FEI Number **58-2114297** 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 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 Country

24

2a. Mailing Address

26 **40 HILTON HOTELS CORP**

27 **9336 CIVIC CENTER DR.**

28 **BEVERLY HILLS, CA**

29 **90210** 30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent Signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> DELETE
NAME	<b>GOLDBERG, ARTHUR M</b>	
STREET ADDRESS	<b>8700 W BRYN MAWR AVE</b>	
CITY-ST-ZIP	<b>CHICAGO IL</b>	
TITLE	P	<input type="checkbox"/> DELETE
NAME	<b>BARR, WALLACE R</b>	
STREET ADDRESS	<b>PARK PLACE &amp; THE BOARDWALK</b>	
CITY-ST-ZIP	<b>ATLANTIC CITY NJ</b>	
TITLE	VPT	<input checked="" type="checkbox"/> DELETE
NAME	<b>HILLMAN, LEE S</b>	
STREET ADDRESS	<b>8700 W BRYN MAWR AVE</b>	
CITY-ST-ZIP	<b>CHICAGO IL</b>	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	<b>MURPHY, BERNARD J</b>	
STREET ADDRESS	<b>8700 W BRYN MAWR AVE</b>	
CITY-ST-ZIP	<b>CHICAGO IL</b>	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	<b>DEPAUL, CAROL S</b>	
STREET ADDRESS	<b>8700 W BRYN MAWR AVE</b>	
CITY-ST-ZIP	<b>CHICAGO IL</b>	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	<b>DWYER, JOHN W</b>	
STREET ADDRESS	<b>8700 W BRYN MAWR AVE</b>	
CITY-ST-ZIP	<b>CHICAGO IL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>VPT</b>
3.3 STREET ADDRESS	<b>HART, MATTHEW J.</b>
3.4 CITY-ST-ZIP	<b>9336 CIVIC CENTER DRIVE</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>BEVERLY HILLS, CA 90210</b>
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Matthew J. Hart*

4-28-97

CR2E034 (9/96)