

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000030053 (0)**

1. Corporation Name

BALLY'S FLORIDA CASINO, INC.



Principal Place of Business

Mailing Address

8700 W. BRYN MAWR
CHICAGO IL 60631

8700 W. BRYN MAWR
CHICAGO IL 60631

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified
04/20/1994

3a. Date of Last Report
02/22/1995

4. FFI Number

APPLIED FOR 58-216333

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

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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

Signature, typed or printed name of registered agent and director

NAME, Registered Agent Signature required if name is being

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VP	<input type="checkbox"/> DELETE
NAME	GAAN, CARY A	
STREET ADDRESS	8700 W. BYRN MAWR AVENUE	
CITY-ST-ZIP	CHICAGO IL	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	GOLDBERG, ARTHUR M	
STREET ADDRESS	2 EXECUTIVE DRIVE 380 Middlesex Ave.	
CITY-ST-ZIP	SOMERSET NJ Carteret, NJ 07008	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BARR, WALLACE R	
STREET ADDRESS	PARK PLACE & THE BOARDWALK	
CITY-ST-ZIP	ATLANTIC CITY NJ	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	HILLMAN, LEE S	
STREET ADDRESS	8700 W. BRYN MAWR AVE.	
CITY-ST-ZIP	CHICAGO IL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DEPAUL, CAROL S	
STREET ADDRESS	8700 W. BRYN MAWR AVE.	
CITY-ST-ZIP	CHICAGO IL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DWYER, JOHN W	
STREET ADDRESS	8700 W. BRYN MAWR AVE.	
CITY-ST-ZIP	CHICAGO IL	

1.1 TITLE	VP and Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Murphy, Bernard J.	
1.3 STREET ADDRESS	380 Middlesex Ave.	
1.4 CITY-ST-ZIP	Carteret, NJ 07008	
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		

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***200.00

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, on an attachment with an address

SIGNATURE: *Carol S. DePaul* Carol S. DePaul Vice President 2/1/96 312/399-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Official Phone #

CR2E034 (12/95)

Handwritten initials and date