

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

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Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90102 048 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P96000059919

1. Corporation Name
CASINO GETAWAYS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
16520 S TAMiami TR
SUITE 207
FT MYERS FL 33908
US

Mailing Address
16520 S TAMiami TR
18-268
FT MYERS FL 33908
US

3. Date Incorporated or Qualified
07/17/1996

4. FEI Number
65-0676306

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

2. Principal Place of Business
21 5686 Youngquist Ave
Suite, Apt. #, etc.

2a. Mailing Address
26 Same
Suite, Apt. #, etc.

22 1-03
City & State

27 11
City & State

23 FT MYERS
Zip Country

28
Zip Country

24 33912 25 USA

29 30

9. Name and Address of Current Registered Agent

HEIST, H A
1661 ESTERO BLVD SUITE 20
FT MYERS BEACH FL 33932

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-12-99
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
NAME CANDAFFIO, CHRIS
STREET ADDRESS 16350 FAIRWAY WOODS DR
CITY-ST-ZIP FT MYERS FL 33908

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(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, with all other like empowered.

SIGNATURE: CHRIS CANDAFFIO 4-12 941-437-6550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)