FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **178834** **(8)**

1. Corporation Name

VOLUSIA JAI-ALAI INC

Principal Place of Business	Mailing Address
1900 VOLUSIA AVENUE P.O. BOX 2630 DAYTONA BCH. FL 32114-1218	1900 VOLUSIA AVENUE P.O. BOX 2630 DAYTONA BCH. FL 32114-1218

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/21/1954	3a. Date of Last Report: 05/01/1994
4. FEI Number: 22-1633473	☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc: 22	Suite, Apt. #, etc: 27
City & State: 23	City & State: 28
Zip: 24 / County: 25	Zip: 29 / County: 30

9. Name and Address of Current Registered Agent

OLSEN, HARRY J.
1900 VOLUSIA AVE.
DAYTONA BCH. FL 32114

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 _____ DATE
(Signature required for printed name of registered agent and the if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	11 TITLE		☐ Change ☐ Addition
NAME	OLSEN, HARRY J.	12 NAME		
STREET ADDRESS	1900 VOLUSIA AVE.	13 STREET ADDRESS		
CITY ST ZIP	DAYTONA BCH. FL	14 CITY ST ZIP		
TITLE	VPS	21 TITLE		☐ Change ☐ Addition
NAME	CHAMBERS, DAVID J.G.	22 NAME		
STREET ADDRESS	164 FRUITWOOD TERR.	23 STREET ADDRESS		
CITY ST ZIP	WILLIAMSVILLE NY	24 CITY ST ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	BISSETT, WILLIAM J	32 NAME		
STREET ADDRESS	45 CLEARFIELD	33 STREET ADDRESS		
CITY ST ZIP	WILLIAMSVILLE NY	34 CITY ST ZIP		
TITLE	CD	41 TITLE		☐ Change ☐ Addition
NAME	SULTEMEIER, RONALD	42 NAME		
STREET ADDRESS	438 MAIN ST	43 STREET ADDRESS		
CITY ST ZIP	BUFFALO NY	44 CITY ST ZIP		
TITLE	SD	51 TITLE		☐ Change ☐ Addition
NAME	SPEARS, DIANE C	52 NAME		
STREET ADDRESS	438 MAIN ST	53 STREET ADDRESS		
CITY ST ZIP	BUFFALO NY	54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(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 1, 2 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Diane C. Spears DIANE C. SPEARS 4/28/95 (716) 858-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0402064 FP