

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

FILED

Feb 05 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 # 399312 (8)

1. Corporation Name  
FLORIDA "M" CORPORATION

Principal Place of Business  
3800 HOWARD HUGHES PKWY  
1600  
LAS VEGAS NV 89109  
US

Mailing Address  
3800 HOWARD HUGHES PKWY  
1600  
LAS VEGAS NV 89109-0916  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 3800 HOWARD HUGHES PKWY

27 Suite, Apt. #, etc.

27 1600

28 City & State

28 LAS VEGAS, NEVADA 89109

29 Zip

30 Country

3. Date Incorporated or Qualified

04/14/1972

3a. Date of Last Report

04/17/1996

4. FEI Number

93-0720416

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

C T 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 title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	REICHARTZ, W. DAN	
STREET ADDRESS	3570 LAS VEGAS BLVD., SOUTH	
CITY-ST-ZIP	LAS VEGAS NV 89109	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RUBINSTEIN, MARC	
STREET ADDRESS	3570 LAS VEGAS BLVD., SOUTH	
CITY-ST-ZIP	LAS VEGAS NV	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JOHN KAPIOLTAS	
STREET ADDRESS	60 STATE STREET	
CITY-ST-ZIP	BOSTON MA	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	JOHN T. REDMOND	
STREET ADDRESS	3570 LAS VEGAS BLVD. SOUTH	
CITY-ST-ZIP	LAS VEGAS NV	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BOYNTON, PETER	
1.3 STREET ADDRESS	3800 HOWARD HUGHES PKWY, STE 1600	
1.4 CITY-ST-ZIP	LAS VEGAS, NEVADA 89109	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RUBINSTEIN, MARC	
2.3 STREET ADDRESS	3570 LAS VEGAS BLVD	
2.4 CITY-ST-ZIP	LAS VEGAS, NEVADA 89109	
3.1 TITLE	S/CC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	RIVERA-SOTO, ROBERTO	
3.3 STREET ADDRESS	3800 HOWARD HUGHES PKWY, STE 1600	
3.4 CITY-ST-ZIP	LAS VEGAS, NEVADA 89109	
4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	WILSON, BETTY M.	
4.3 STREET ADDRESS	3800 HOWARD HUGHES PKWY, STE 1600	
4.4 CITY-ST-ZIP	LAS VEGAS, NEVADA 89109	
5.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	CURTIS, PATRICIA J.	
5.3 STREET ADDRESS	3800 HOWARD HUGHES PKWY, STE 1600	
5.4 CITY-ST-ZIP	LAS VEGAS, NEVADA 89109	
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:

*Betty M. Wilson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BETTY M. WILSON, TREASURER

702 691-3951

Date

Daytime Phone #

CR2E034 (9/96)