Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90171 038 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 641105

1. Corporation Name

CASINO DEVIMALL INC

ONOMO	DRIWALL, INC.									
Principal Flac	ce of Business	Mailing Address					HIND MIST MINE S	81814 B1R11 81911 I	1.011 01911 10bi	
2680 NW 15TH		2680 NW 15TH COURT								
POMPANO 3CH, FL 33069-8514 POMPANO BCH, FL 33069-85			514							
						DO NOT WRI		SPACE		
					1 0,	te Incorporated or Qualifed				
	-					/19/1979 Number			olied For	
——————————————————————————————————————	Place of Business	2a. Mailing Address			1	-1941677		<u> </u>	: Applicable	
21		26 Suita Apt # oto			ວອ	- 194 10 <i>1 1</i>		\$8.75		
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			5. Cer	rtifcate of Status Desired			e quired	
City & Sta	ite	City & State			6. Ele	ction Campaign Financing	П	\$5.00	May Be	
23		28			Tru	st Fund Contribution		Added	to Fees	
Zip	Country	Zip	Counti	У	8. Thi	8. This corporation owes the current year				
24	25 29 30			Personal Property Tax.				X Yes	No	
	9. Name and Address of Curre	nt Registered Agent				me and Address of New	Registered	Agent		
UΔI	LICTON & CHAHADY I AM OFFI	ree .	8	1 Name					İ	
HOUSTON & SHAHADY, LAW OFFICES 100 NE 3RD AVENUE SUITE 850				2 Street	Address (P.O.	Bo Number is Not Accept	able)			
			8	3					į	
FI.	LAUDERDALE FL 33301-8146		8	4 City				85 Zip	Code	
							<u> </u>	-		
office or	to the provisions of Sections 607.05 registered agent, or both, in the Stati am familiar with, and accept the oblig	e of Florida. Such change was au lations of, Section 607.0505, F ori	ithorized b ida Statute	y the corp is.	or ation's board	or directors. I nereby acce	pt the ap 20	intment as re	egistered	
		NO DIRECTORS	13.	ant signature		ITI ONS/CHANGES TO OF		ND DIRECTO	3S IN 12	
TITLE	P	X DELETE	1.1 TITLE			ITT SNOTOTIANOED TO OF	TIOLITO	☐ Change	Addition	
NAME	ROY, ROGER	_		12 NAME					1	
STREET ADDR :SS	GOOD BRAZ APTIL COURT			1.3 STREET ADDRESS						
	DOLIDANO DOLLEI COCCO			1.4 CITY-ST-ZIP					1	
CITY-ST-ZIP TITLE	SDAT	140 BOTT € 33003 144			-			Change	☐ Addition	
NAME	ROY, CHANTAL				Į.				Į	
STREET ADDRES	ACCOUNT AFTER COLIDE			- Et address						
	TOURS DOUGH TO ASSAULT		2. 4 CITY						-	
CITY-ST-ZIP TITLE			31 TITLE		n/a/=			X Change	Addition	
NAME	LAVIGNE, GUY F	—	3.2 NAME		P/S/D					
STREET ADDRES	ACCOUNT ACTU COURT			ET ADDRESS						
	POMPANO BCH FL 33069			-ST-ZIP						
CITY-ST-ZIP TITLE	CFOD	☐ DELETE	4.1 TITLE		11 /m /n			▼ Change	Addition	
ĺ	ANNON, WILLIAM S		4 2 NAM		U/T/V				1	
NAME STREET ADDRES				L Et address						
	POMPANO BCH FL 33069		4.4 CITY-							
CITY-ST-ZIP TITLE	I OWI AITO DOLL I E 33009		5.1 TITLE		-			Change	Addition	
		<u></u>	5.2 NAME						_	
NAME				ET ADDRESS						
STREET ADDRESS	3		5.4 CITY-						İ	
CITY-ST-ZIP	 	☐ DELETE	6.1 TITLE		+			☐ Change	☐ Addition	

14. I herely certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0"(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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRUSS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE R OR DIRECTOR Marina