

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

FILED
May 06 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 # 834552 (2)
1. Corporation Name
TANDYCRAFTS, INC.

Principal Place of Business

1400 EVERMAN PARKWAY
P.O. BOX 1869 (ZIP - 76101)
FT WORTH TX 76140

Mailing Address

1400 EVERMAN PARKWAY
P.O. BOX 1869 (ZIP - 76101)
FT WORTH TX 76140-5006



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

06/20/1975

3a. Date of Last Report

05/01/1996

4. FEI Number

75-1475224

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

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	SMITH, CAROL	1400 EVERMAN PKWY	FT WORTH, TX 0	<input checked="" type="checkbox"/>
D	SCHUTTS, R.	2720 CULLEN ST.	FT WORTH, TX 00000	<input type="checkbox"/>
PD	WALSH, M. J.	1400 EVERMAN PARKWAY	FT WORTH, TX 00000	<input type="checkbox"/>
VP	ALLEN, JAMES D	1400 EVERMAN PKWY.	FT. WORTH TX	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12/

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
V.	Leo C. Taylor	1400 Everman Pkwy	Fort Worth, TX 76140	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V/S	Russell L. Price	1400 Everman Pkwy	Fort Worth, TX 76140	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 as an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97

(817)551-9600

Date

Daytime Phone #

0607452

CR2E034 (9/96)

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Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P17973** (9)
1. Corporation Name
HARRAH'S-HOLIDAY INNS OF NEW JERSEY, INC.



Principal Place of Business
**1023 CHERRY RD.
MEMPHIS TN 38117-5423**

Mailing Address
**1023 CHERRY RD.
MEMPHIS TN 38117-5423**

3. Date Incorporated or Qualified
02/10/1988

3a. Date of Last Report
03/14/1996

4. FEI Number
62-1071040

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
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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
85 Zip Code
FL

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 _____ (NOTE: Registered Agent's signature required when reinstating.) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD WALMOTT, TIMOTHY J 1725 BRIGANTINE BLVD ATLANTIC CITY NJ	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	Wilmott, Timothy J
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	V ELLISON, MILDRED J 1725 BRIGANTINE BLVD. ATLANTIC CITY NJ	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	JV DOMENICO, JOSEPH 1725 BRIGANTINE BLVD. ATLANTIC CITY NJ	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	D SATRE, PHILIP G. 1023 CHERRY RD MEMPHIS TN	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	V REGAN, MICHAEL N 1023 CHERRY RD. MEMPHIS TN 38117-5423	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	SV BOONE, JERRY 1725 BRIGANTINE BLVD. ATLANTIC CITY NJ	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: Dee A. Wallace **DEE A. WALLACE** 3/12/97 (901) 762-8606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

HARRAH'S HOLIDAY INNS OF NEW JERSEY, INC.

FEIN 62-1071040

DIRECTORS

NAME	BUSINESS ADDRESS
Philip G. Satre	1023 Cherry Road Memphis, TN 38117-5423
Timothy J. Wilmott	777 Harrah Blvd. Atlantic City, NJ 08401

OFFICERS

NAME	BUSINESS ADDRESS	TITLE
Philip G. Satre	1023 Cherry Road Memphis, TN 38117-5423	Chief Executive Officer
Timothy J. Wilmott	777 Harrah Blvd. Atlantic City, NJ 08401	President
Michael N. Regan	1023 Cherry Road Memphis, TN 38117-5423	Vice President
Mildred J. Ellison	777 Harrah Blvd. Atlantic City, NJ 08401	V.P./Human Resources
Jerry Boone	777 Harrah Blvd. Atlantic City, NJ 08401	Vice President/ Secretary
Joseph A. Domenico	1725 Brigantine Blvd. Atlantic City, NJ 08401	Vice President/ Treasurer
John Jagunich	777 Harrah Blvd. Atlantic City, NJ 08401	Vice President
Susan Schneider	777 Harrah Blvd. Atlantic City, NJ 08401	Vice President
John Mayewski	777 Harrah Blvd. Atlantic City, NJ 08401	Vice President
Stephen H. Brammell	1023 Cherry Road Memphis, TN 38117-5423	Assistant Secretary
Dee A. Wallace	1023 Cherry Road Memphis, TN 38117-5423	Assistant Secretary