

FILE # W: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Jun 17 1998 8:00am  
Secretary of State

'PROFIT  
CORPORATION  
ANNUAL REPORT  
1997/1998



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

DOCUMENT # 836764  
1. Corporation Name  
FLORIDA GAMING CORPORATION

(1)

Principal Place of Business  
1750 S. KINGS HWY.  
FT. PIERCE FL 34945-3004  
US

Mailing Address  
1750 S. KINGS HWY  
FT. PIERCE FL 34945-3025  
US

3. Date Incorporated or Qualified  
07/28/1976

3a. Date of Last Report  
06/24/1996 3/25/97

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
59-1670533

Applied For  
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BREWTON, WILBUR E.  
% TAYLOR, BRION, BUKER & GREEN  
225 SOUTH ADAMS STREET SUITE 250  
TALLAHASSEE FL 32301

81 Name Timothy Henstley  
82 Street Address (P.O. Box Number is Not Acceptable)  
13005 S.W. 95 Avenue  
83  
84 City Miami FL 85 Zip Code 33176

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME HOWELL, ROLAND M.  
STREET ADDRESS 555 NE 15TH STREET  
CITY-ST-ZIP MIAMI FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D  
NAME GALLOWAY, GEORGE W. DR. J  
STREET ADDRESS 140 RIVER COURT PKWY NW  
CITY-ST-ZIP ATLANTA GA

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D  
NAME BOWMAN, GARY  
STREET ADDRESS 220 BOWMAN COURT  
CITY-ST-ZIP MT. WASHINGTON KY

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE EVPS  
NAME COLLETT, BENNETT W JR  
STREET ADDRESS 35 WYNGATE  
CITY-ST-ZIP NEW ALBANY IN

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE EVPT  
NAME HENSLEY, TIMOTHY L  
STREET ADDRESS 714 DENHAM LANE  
CITY-ST-ZIP CHARLESTOWN IN MIAMI, FL 33176

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
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.

CR2E034 (9/96)