

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

0210420

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90114 004 ***158.75

DOCUMENT # 836764

1. Corporation Name
FLORIDA GAMING CORPORATION



Principal Place of Business
3500 N.W. 37TH AVENUE
MIAMI FL 33142
US

Mailing Address
3500 N.W. 37TH AVENUE
MIAMI FL 33142
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/28/1976

4. FEI Number

59-1670533

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

RICO, JOHN
3500 N.W. 37TH AVENUE
MIAMI FL 33142

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

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

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

TITLE EVPS ☐ DELETE
NAME COLLETT, BENNETT W JR
STREET ADDRESS 7329 MARSH TERRACE
CITY-ST-ZIP ST LUCIE FL 34986

TITLE EVPT ☐ DELETE
NAME HENSLEY, TIMOTHY L
STREET ADDRESS 13005 SW 95 AVENUE
CITY-ST-ZIP MIAMI FL 33176

TITLE P ☐ DELETE
NAME HURD, ROBERT
STREET ADDRESS #7 PARTRIDGE RUN
CITY-ST-ZIP WARREN NJ 70509

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS 1302 Haynes Dr.
5.4 CITY-ST-ZIP Murfreesboro, TN 37129

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/99

Date

(305) 633-6400

Daytime Phone #

CR2E034 (1/98)