FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000005482 (5)**

1. Corporation Name

GOLD STAR CASINOS OF CLEARWATER, INC.

Principal Place of Business	Mailing Address
2601 S. BAYSHORE DR. COCONUT GROVE FL 33133	2601 S. BAYSHORE DR. COCONUT GROVE FL 33133

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/02/1993
3a. Date of Last Report: 07/27/1994
4. FEI Number: 65-0445280 ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

TILLEY, CLIVE P
2601 S. BAYSHORE DR.
COCONUT GROVE FL 33133

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCEO	11 TITLE		☑ Change ☐ Addition
NAME	CATALANO, PETER J	12 NAME	No Longer PCEO	
STREET ADDRESS	24 E. 21ST ST.	13 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10010	14 CITY-ST-ZIP		
TITLE	VSD	21 TITLE	D (only)	☑ Change ☐ Addition
NAME	KORNBLUM, MICHAEL	22 NAME		
STREET ADDRESS	24 E. 21ST ST.	23 STREET ADDRESS	SUITE 1710	
CITY-ST-ZIP	NEW YORK NY 10010	24 CITY-ST-ZIP	1412 Broadway NY, NY 10018	
TITLE	VTD	31 TITLE		☑ Change ☐ Addition
NAME	O'MALLEY, PATRICK	32 NAME	SUITE 1710	
STREET ADDRESS	24 E. 21ST ST.	33 STREET ADDRESS	1412 Broadway NY, NY 10018	
CITY-ST-ZIP	NEW YORK NY 10010	34 CITY-ST-ZIP		
TITLE	PD	41 TITLE	C (Also)	☑ Change ☐ Addition
NAME	TILLEY, CLIVE	42 NAME		
STREET ADDRESS	24 E. 21ST ST.	43 STREET ADDRESS	2601 S. Bayshore Dr.	
CITY-ST-ZIP	NEW YORK NY 10010	44 CITY-ST-ZIP	Coconut Grove FL 33133	
TITLE	SV	51 TITLE		☑ Change ☐ Addition
NAME	WILLIAM, DAVID	52 NAME		
STREET ADDRESS	2601 S. BAYSHORE DR.	53 STREET ADDRESS	2601 S Bayshore Dr	
CITY-ST-ZIP	NEW YORK NY 10010	54 CITY-ST-ZIP	Coconut Grove, FL 33133	
TITLE	V	61 TITLE		☑ Change ☐ Addition
NAME	MATHEWS, DALE	62 NAME		
STREET ADDRESS	2601 S. BAYSHORE DR., #1119	63 STREET ADDRESS	2601 S Bayshore Dr	
CITY-ST-ZIP	NEW YORK NY 10010	64 CITY-ST-ZIP	Coconut Grove, FL 33133	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Patrick F. O'Malley 4.20.95 (212) 704 0700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0134022 CP