FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

MAY -1 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000005634 (1)**

1. Current Name

GOLD STAR CASINOS OF FORT LAUDERDALE, INC.

Principal Place of Business	Mailing Address
2601 SOUTH BAYSHORE DRIVE COCONUT GROVE FL 33133	2601 SOUTH BAYSHORE DRIVE COCONUT GROVE FL 33133

(DO NOT WRITE IN THIS SPACE)

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. # or Bldg. 22	Suite, Apt. # or Bldg. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

3. Date Incorporated or Qualified: **12/13/1993**

3a. Date of Last Report: **07/27/1994**

4. FEI Number: **65-0451738** ☐ 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. The corporation has elected, pursuant to s. 607.0505, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TILLEY, CLIVE P 2601 SOUTH BAYSHORE DRIVE COCONUT GROVE FL 33133	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 Section 607.0502 and 607.1908, 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

(If changing Registered Agent, Registered Agent must sign here) (If changing Registered Agent's address, Registered Agent must sign here) (If changing Registered Agent's address, Registered Agent must sign here)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (Part 1)	
TITLE	CEOP	TITLE	C P D ☐ Change ☐ Addition
NAME	TILLEY, CLIVE	NAME	
STREET ADDRESS	2601 S. BAYSHORE DRIVE #1119	STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL 33133	CITY-ST-ZIP	
TITLE	VCOO	TITLE	☑ Change ☐ Addition
NAME	CATALANO, PETER J	NAME	
STREET ADDRESS	24 EAST 21ST STREET	STREET ADDRESS	NO LONGER VCOO
CITY-ST-ZIP	NEW YORK NY 10010	CITY-ST-ZIP	
TITLE	VSD	TITLE	D (only) ☑ Change ☐ Addition
NAME	KORNBLUM, MICHAEL	NAME	
STREET ADDRESS	24 EAST 21ST STREET	STREET ADDRESS	SUITE 1710
CITY-ST-ZIP	NEW YORK NY 10010	CITY-ST-ZIP	1412 Broadway NY, NY 10018
TITLE	CFOT	TITLE	CFO, T, D ☑ Change ☐ Addition
NAME	O'MALLEY, PATRICK	NAME	
STREET ADDRESS	24 EAST 21ST STREET	STREET ADDRESS	SUITE 1910
CITY-ST-ZIP	NEW YORK NY 10010	CITY-ST-ZIP	1412 Broadway NY, NY 10018
TITLE	V	TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, DAVID	NAME	
STREET ADDRESS	2601 S. BAYSHORE DRIVE, SUITE 1119	STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL 33133	CITY-ST-ZIP	
TITLE	V	TITLE	☐ Change ☐ Addition
NAME	MATHEWS, DALE	NAME	
STREET ADDRESS	2601 S. BAYSHORE DRIVE, SUITE 1119	STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL 33133	CITY-ST-ZIP	

14. To the best of my knowledge, the information supplied with the filing is complete, accurate and true. I am aware that any false information submitted in connection with this report may subject me to criminal penalties. To the best of my knowledge, 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 with an address.

SIGNATURE: C. Patrick F. O'Malley 4.20.95 (212) 704 0700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone #

0134822 CP