

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

FILED

Jan 28 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 # F94000005607 (6)

1. Corporation Name  
COASTAL GAMING GROUP, INC.

Principal Place of Business  
7439 E. HILLSBOROUGH AVE.  
TAMPA FL 33610

Mailing Address  
7439 E. HILLSBOROUGH AVE.  
TAMPA FL 33610-4227



3. Date Incorporated or Qualified  
10/28/1994  
3a. Date of Last Report  
02/09/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0339450		Applied For <input type="checkbox"/> Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24 Country		25 Country					
29		30					

9. Name and Address of Current Registered Agent

LEVY, BUDDY J  
7439 E. HILLSBOROUGH AVE.  
TAMPA FL 33610

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVY, BUDDY J	1.2 NAME	
STREET ADDRESS	7439 E. HILLSBOROUGH AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33610	1.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FONTANA, JOHN	2.2 NAME	
STREET ADDRESS	7439 E. HILLSBOROUGH AVE.	2.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	2.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GELLERT, NEAL	3.2 NAME	
STREET ADDRESS	7439 E. HILLSBOROUGH AVE.	3.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33610	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARE, JIM R	4.2 NAME	
STREET ADDRESS	7439 E. HILLSBOROUGH AVE.	4.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	4.4 CITY - ST - ZIP	
TITLE	<del>VSD</del> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>TAYLOR, CHERRY</del>	5.2 NAME	LOPEZ, JOE
STREET ADDRESS	<del>7439 E. HILLSBOROUGH AVE.</del>	5.3 STREET ADDRESS	7439 E. Hillsborough Ave.
CITY - ST - ZIP	<del>TAMPA FL</del>	5.4 CITY - ST - ZIP	Tampa, FL 33610
TITLE	<input type="checkbox"/> DELETE	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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Buddy J. LEVY

1-21-97 (813) 623-3543

Date

Daytime Phone #

CR2E034 (9/96)