

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra D. Morris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000005811 (4)

1. Corporation Name

GOLD STAR CASINOS OF GALVESTON, INC.

Principal Place of Business

2601 SOUTH BAYSHORE DRIVE
COCONUT GROVE FL 33133

Mailing Address

2601 SOUTH BAYSHORE DRIVE
COCONUT GROVE FL 33133

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/09/1994

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

76-0416576

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

9. Name and Address of Current Registered Agent

TILLEY, CLIVE P
2601 SOUTH BAYSHORE DR., STE 1119
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

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 PD
NAME TILLEY, CLIVE
STREET ADDRESS 2601 S. BAYSHORE DR., STE 1119
CITY - ST - ZIP COCONUT GROVE FL

TITLE V
NAME CATALANO, PETER J
STREET ADDRESS 1412 BROADWAY, STE 1710
CITY - ST - ZIP NEW YORK NY

TITLE VSD
NAME KORNBLUM, MICHAEL
STREET ADDRESS 1412 BROADWAY, STE 1710
CITY - ST - ZIP NEW YORK NY

TITLE VTD
NAME O'MALLEY, PATRICK
STREET ADDRESS 1412 BROADWAY, STE 1710
CITY - ST - ZIP NEW YORK NY

TITLE V
NAME WILLIAMS, DAVID
STREET ADDRESS 2601 S. BAYSHORE DR.
CITY - ST - ZIP COCONUT GROVE FL

TITLE V
NAME MATTHEWS, DALE
STREET ADDRESS 2601 S. BAYSHORE DR.
CITY - ST - ZIP COCONUT GROVE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE C (change) ☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE ☒ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE ☒ Change ☒ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

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)(k), 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, director, or shareholder 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature Printed Name