FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

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

3. Date Incorporated or Qualified: **11/09/1994**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business — 21
Suite, Apt. #, etc — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

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) — Date — Registered Agent signature (required if applicable) — DATE

12. OFFICERS AND DIRECTORS

TITLE	C	☐ DELETE
NAME	TILLEY, CLIVE	
STREET ADDRESS	2601 S. BAYSHORE DR., STE 1119	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	D	☐ DELETE
NAME	KORNBLUM, MICHAEL	
STREET ADDRESS	1412 BROADWAY SUITE ~~1710~~	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VTD	☐ DELETE
NAME	O'MALLEY, PATRICK	
STREET ADDRESS	1412 BROADWAY, STE ~~1710~~	
CITY-ST-ZIP	NEW YORK NY	
TITLE	V	☐ DELETE
NAME	WILLIAMS, DAVID	
STREET ADDRESS	2601 S. BAYSHORE DR.	
CITY-ST-ZIP	COCONUT GROVE IL	
TITLE	V	☐ DELETE
NAME	MATTHEWS, DALE	
STREET ADDRESS	2601 S. BAYSHORE DR.	
CITY-ST-ZIP	COCONUT GROVE IL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	SUITE 718	
2.4 CITY-ST-ZIP		
3.1 TITLE		☑ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	SUITE 718	
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	200001852452	
5.3 STREET ADDRESS	-06/05/96--01104--005	
5.4 CITY-ST-ZIP	***225.00	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

5-1-96

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)(n), 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 an attachment with an address.

SIGNATURE: EXP & CEO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)