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	Mailing Address
2601 SOUTH BAYSHORE DRIVE COCONUT GROVE FL 33133	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	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

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 _____ DATE

Signature of new registered agent, if changing DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TILLEY, CLIVE		1.2 NAME		
STREET ADDRESS	2601 S. BAYSHORE DR., STE 1119		1.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT GROVE FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KORNBLUM, MICHAEL		2.2 NAME		
STREET ADDRESS	1412 BROADWAY SUITE ~~1710~~		2.3 STREET ADDRESS	SUITE 718	
CITY-ST-ZIP	NEW YORK NY		2.4 CITY-ST-ZIP		
TITLE	VTD	☐ DELETE	3.1 TITLE		☑ Change ☐ Addition
NAME	O'MALLEY, PATRICK		3.2 NAME		
STREET ADDRESS	1412 BROADWAY, STE ~~1710~~		3.3 STREET ADDRESS	SUITE 718	
CITY-ST-ZIP	NEW YORK NY		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, DAVID		4.2 NAME		
STREET ADDRESS	2601 S. BAYSHORE DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT GROVE IL		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MATTHEWS, DALE		5.2 NAME	200001852452	
STREET ADDRESS	2601 S. BAYSHORE DR.		5.3 STREET ADDRESS	-06/05/96--01104--005	
CITY-ST-ZIP	COCONUT GROVE IL		5.4 CITY-ST-ZIP	***225.00	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

5-16-96

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)(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 added in an attachment with an address.

SIGNATURE: _____ EVP & CFO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (12/95)