

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -2 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000006525 (9)**

1. Corporation Name

GAMING MANAGEMENT INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

1515 RINGLING BLVD
SUITE 800
SARASOTA FL 34236

1515 RINGLING BLVD
SUITE 800
SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

12/21/1994

4. FEI Number

Applied For

65-0517820

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,

Florida Statutes

Yes

No

2. Principal Place of Business

2a. Mailing Address

21 1800 Second Street

26 1800 Second Street

City, Apt. #, etc.

City, Apt. #, etc.

22 854

27 854

City & State

City & State

23 Sarasota, FL

28 Sarasota, FL

Zip

Country

Zip

Country

24 34236

25 USA

29 34236

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUFFEY, SAMUEL S
1515 RINGLING BLVD
SUITE 800
SARASOTA FL 34236

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 Suite #854

84 City

FL

85 Zip Code

34236

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 of applicant.

(NOTE: Registered Agent signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: PTD
NAME: UTTERBACK, THOMAS M
STREET ADDRESS: 1515 RINGLING BLVD, SUITE 800
CITY- ST- ZIP: SARASOTA FL 34236

1.1 TITLE: Change Addition
1.2 NAME:
1.3 STREET ADDRESS: 1800 Second Street, Suite #854
1.4 CITY- ST- ZIP: Sarasota, FL 34236

TITLE: VSD
NAME: FRANK, JOEL
STREET ADDRESS: 1515 RINGLING BLVD, SUITE 800
CITY- ST- ZIP: SARASOTA FL 34236

2.1 TITLE: Change Addition
2.2 NAME:
2.3 STREET ADDRESS: 1800 Second Street, Suite #854
2.4 CITY- ST- ZIP: Sarasota, FL 34236

TITLE: C
NAME: BOND, LANGHORNE
STREET ADDRESS: 1515 RINGLING BLVD, SUITE 800
CITY- ST- ZIP: SARASOTA FL 34236

3.1 TITLE: Change Addition
3.2 NAME:
3.3 STREET ADDRESS: 1800 Second Street, Suite #854
3.4 CITY- ST- ZIP: Sarasota, FL 34236

TITLE:
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

4.1 TITLE: Change Addition
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY- ST- ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

5.1 TITLE:
5.2 NAME:
5.3 STREET ADDRESS: 1-800-814-2055
-03/03/95--01041-015
***208.75 ***208.75
5.4 CITY- ST- ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

6.1 TITLE: Change Addition
6.2 NAME:
6.3 STREET ADDRESS: CH
6.4 CITY- ST- ZIP:

14. I do hereby certify that the information supplied with this report 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 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 reporter 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 of this report, or on an attachment with an address.

SIGNATURE:

Thomas M. Utterback 3/1/95 (813)366-9333

SIGNATURE AND TYPE OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

(Date)

(Typed Name)