

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 MAY 10 PM 1:46

DOCUMENT # **F94000006525 (9)**

1. Corporation Name

GAMING MANAGEMENT INTERNATIONAL, INC.



Principal Place of Business Mailing Address
1800 SECON T ST. SUITE 854 SARASOTA FL 34236

3. Date Incorporated or Qualified **12/21/1994** 3a. Date of Last Report **03/02/1995**
4. FEI Number **65-0517820** Applied For Not Applicable
5. Certificate of Status Desired **XX** **\$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

2. Principal Place of Business 2a. Mailing Address
21 **1101 BRICKELL AVENUE** 26 **1101 BRICKELL AVENUE**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **17TH FLOOR** 27 **17TH FLOOR**
City & State City & State
23 **MIAMI, FLORIDA** 28 **MIAMI, FLORIDA**
Zip Country Zip Country
24 **33131** 25 **USA** 29 **33131** 30 **USA**

9. Name and Address of Current Registered Agent

**DUFFEY, SAMUEL S
1800 SECON T ST.
SUITE 854
SARASOTA FL 34236**

10. Name and Address of New Registered Agent

81 Name **MARK A. SNIEGOWSKI**
82 Street Address (P.O. Box Number is Not Acceptable) **1101 BRICKELL AVENUE**
83 **17TH FLOOR**
84 City **MIAMI** FL 85 Zip Code **33131**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 *Mark A. Sniiegowski* **MARK A. SNIEGOWSKI PRES** 5/6/96 DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input checked="" type="checkbox"/> DELETE
NAME	UTTERBACK, THOMAS M	
STREET ADDRESS	1800 SECON T ST. STE. 854	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	FRANK, JOEL	
STREET ADDRESS	1800 SECON T ST. STE. 854	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	BOND, LANGHORNE	
STREET ADDRESS	1800 SECON T ST. STE. 854E 800	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PTC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	MARK A. SNIEGOWSKI	
13 STREET ADDRESS	1101 BRICKELL AVENUE, 17TH FLOOR	
14 CITY-ST-ZIP	MIAMI, FL 33131	
21 TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	GEORGE KRUG, JR.	
23 STREET ADDRESS	1101 BRICKELL AVENUE, 17th FLOOR	
24 CITY-ST-ZIP	MIAMI, FL 33131	
31 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	ANTHONEY G. TUMMINELLO	
33 STREET ADDRESS	1101 BRICKELL AVENUE, 17TH FLOOR	
34 CITY-ST-ZIP	MIAMI, FL 33131	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 on an attachment with an address.

SIGNATURE: *Mark A. Sniiegowski* **MARK A. SNIEGOWSKI** 5/6/96 708-257-5600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PHONE NUMBER

CR2E034 (12/95)