

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F95000001712 (7)

1. Corporation Name

DANE'S DREAMBOAT CASINO, INC.

Principal Place of Business

140 S. FEDERAL HIGHWAY, 2ND FLOOR  
DANIA FL 33004

Mailing Address

140 S. FEDERAL HIGHWAY, 2ND FLOOR  
DANIA FL 33004

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SECRETARY OF STATE



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-09/25/96--01008--016  
\*\*\*\*225.00 \*\*\*\*225.00

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
30	3. Date Incorporated or Qualified		
30	04/10/1995		
31	3a. Date of Last Report		
31	04/10/1995		
32	4. FEI Number		
32	APPLIED FOR 65-0565469		
33	5. Certificate of Status Desired		
33	8.75 Additional Fee Required		
34	6. Election Campaign Financing		
34	Trust Fund Contribution		
34	5.00 May Be Added to Fees		
35	8. This corporation has liability for intangible tax under s. 199.032		
35	Florida Statutes		
35	Yes No		

9. Name and Address of Current Registered Agent

DOUGLASS, DANIEL D. ~~JAMES W. STROOP~~  
904 S.E. 17 STREET, STE. 200  
FT. LAUDERDALE FL 33316  
~~DAVID C. SKINNER~~  
15 8th St.  
St. Augustine, FL  
32084

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
DAVID C. SKINNER  
15 8th St.  
St. Augustine  
FL 32084

11. Pursuant to the provisions of Sections 607.0501 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 name of signing officer or director and the applicable

(NOTE: Registered Agent signature required when a new agent is appointed)

9/9/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTC	1.1 TITLE	
NAME	JONES, DANE K	1.2 NAME	
STREET ADDRESS	7500 NOTTOWAY CIRCLE	1.3 STREET ADDRESS	
CITY - ST - ZIP	LOUISVILLE KY 40214	1.4 CITY - ST - ZIP	
TITLE		2.1 TITLE	
NAME	LEWIS, BARBARA A	2.2 NAME	
STREET ADDRESS	4232 N. OCEANSIDE DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	HOLLYWOOD FL 33019	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	
NAME	CLARK, DONALD	3.2 NAME	
STREET ADDRESS	4232 N. OCEANSIDE DRIVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	HOLLYWOOD FL 33019	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Dane K Jones

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

6/24/96

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