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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1997

POCUMENT # F 95000001882(8) Mississippi Gaming Corporation FILED
Apr 17 1997 8:00am
Secretary of State

MississiAhi Ga	ming with	ZNOW 101				
Princ pal Place of Business 5403Jnd1an Hill Blu	d, Mailing Address 5403 Ir	clian Hills	w.			
Diamondhead, MS 395						
V · · · · · · · · · · · · · · · · · · ·	25 01011101101	3752	3. Date incorporated or Qualities	3a. Date of Last Re	eport	
2. Principal Page of Business 21 5403 Indian Hill Bl	12a. Mailing Address Ind	ian Hill Blu	14. FELNUMBER 3229	A // /	oplied For of Applicable	1
Suite Apt #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	Additional	
23 Diamondhead MS	City & State 28 Digmondho	d. MS	Election Campaign Financing Trust Fund Contribution	\$5.00 Added to		
24 39525 25 Country SA	29 39525 30	Country	This corporation has liability for in Florida Statutes	dangible tax under s. Yes \[\] No	199.032,	
9. Name and Address of Curre	····	81 Name	10. Name and Address of New Re-	stered Agent]
BULLOCK, Lester	, , ,					
150-153rd AUR.	SuitedOO	82 Street Addr	ess (P.O. Box Number is Not Acceptab	e)		ŀ
130 13310 11001	1 /1 22705	83				1
moderry beach	h, the 25/10	84 City		FL 85 Zip C	Code	
office of registered agent of both, in the Stat	e <u>of F</u> lorida. Such chan ge was a utl	norized by the corporati	oration submits this statement for the p on's board of directors. I hereby accep	urpose of changing its tithe appointment as	s registered registered	
agent from imiliar with aut accept the dollar SIGNATURE	rations of Section 607 0505, Florid	ia Statutes.			ļ	
5) area, typed or profes name of registered as	per and the if applicable (NOTE: R ND DIRECTORS	egistered Agent signature require		DATE	10 111 40]_
12. OFFICERS AF	DELETE	13.	ADDITIONS/CHANGES TO OFFIC	Change	Addition	96/6)
NAME VITALE, Debore	ah	1.2 NAME				
SHEE ADDOM INDICES I	2/. (- ~	13 STREET ADDRESS				CR2E034
CITY ST ZIE Alexandria,	VA 22314	14 CITY-ST-ZIP			T-1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ĸ
litte	☐ DEFFIF	21 TITLE		L Change	Addition	١٥
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CITY ST 20 Madeira Black	n G 337/12	2.4 CITY-ST-ZIP				
The D	☐ DELETE	3 1 TITLE		Change	Addition	
NAME TRAJEY PIETS-	o ()) - "	3.2 NAME				
HAMI TRAIRY PIETS- STREET ALBRESS 150-1530 AUE	1. Svite 200	3.3 STREET ADDRESS				
GRY STAR MODELING BOD	01, FC 537UF	3.4 CITY+ST-ZIP				
1111	☐ DELETE	4.1 TITLE		L! Change	Addition	
HAVA.		4. 2 NAME				
SUMERATURES		4.3 STREET ADDRESS		1		
THE STAR	DELETE	4 4 CITY-ST-7IP 51 TITLE		Change	Addition	1
NAV-		5.2 NAME		N straing		_
STREET WIDELING		5.3 STREET ADDRESS		4	\ul <i>\\\l</i> \	17
C1Y 52-70		5.4 CITY - ST - ZIP		4	וויוןרע	1
Fi f	DELETE	61 TITLE		Change	Addition]
KKM-		62 NAVE	50000214	J6955		
SDOT KDO or		63 STREET ADDRESS	50000214 -04/17/97011 ***1155.00	01025		
00 r S AP	at 01 Attack (100 - 1 - 1 - 100 - 10	64 CITY-ST-ZIP	***1155,BO	I F. mile	Al	
 I do hereby certify that the information supplies four at on included on this annual report or hare an officer or director of the corporal ory. 	supplemental annual report is true the receiver or trustee empowere	and accurate and that d to execute this report	in Section 119.07(3)(i), Florida Statutes my signature shall have the same legal t as required by Chapter 607, Florida S	 Further certify that the effect as if made undulatutes; and that my near that my ne	ine der oath; that ame	
appears in Block 12 or Block 13 if changes	or on an attachment with an address	SS.	_	813		1