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FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000001882 (8)

1. Corporation Name

MISSISSIPPI GAMING CORPORATION

Principal Place of Business

5401 INDIAN HILL BLVD
DIAMONDHEAD MS 39525

Mailing Address

5401 INDIAN HILL BLVD
DIAMONDHEAD MS 39525



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 150-153rd Avenue		04/18/1995	
22 City & State		27 200		4. FEI Number	
23 Zip		28 Madeira Beach, FL		59-3229086	
24 Country		29 33708		5. Certificate of Status Desired	
		30 USA		Applied For	
				Not Applicable	
				8.75 Additional Fee Required	
				6. Election Campaign Financing	
				Trust Fund Contribution	
				5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible	
				Personal Property Tax due June 30.	
				Yes No	

9. Name and Address of Current Registered Agent

BULLOCK, LESTER
150-153RD AVE. SUITE 200
MADEIRA BEACH FL 33708

10. Name and Address of New Registered Agent

81 Name
Deborah A. Vitale
82 Street Address (P.O. Box Number Is Not Acceptable)
150 - 153rd Ave., Suite 200
83
84 City
Madeira Beach FL 85 Zip Code
33708

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:  4698
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	
NAME	VITALE, DEBORAH	1.2 NAME	
STREET ADDRESS	1013 PRINCESS ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALEXANDRIA VA 22314	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	Director
NAME	BULLOCK, LESTER	2.2 NAME	Duber, John R.
STREET ADDRESS	150-153RD AVE. SUITE 200	2.3 STREET ADDRESS	20018 Westover Ave.
CITY-ST-ZIP	MADEIRA BEACH FL 33708	2.4 CITY-ST-ZIP	Rocky River, Ohio 44116
TITLE	D	3.1 TITLE	Director
NAME	HEDLEY, PERS E	3.2 NAME	DeMattia, Paul J.
STREET ADDRESS	150-153RD AVE SUITE 200	3.3 STREET ADDRESS	4002 Pine Forest Drive
CITY-ST-ZIP	MADEIRA BEACH FL 33708	3.4 CITY-ST-ZIP	Parma, Ohio 44134
TITLE		4.1 TITLE	Director
NAME		4.2 NAME	Harrison, Gregory A.
STREET ADDRESS		4.3 STREET ADDRESS	16209 Kimberly Grove
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Gaithersburg, Maryland 20878
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 hereby certify that the information supplied with this filing 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 on an attachment with an address.

SIGNATURE:  4698 813-293-2885

CR2E034 (10/97)