

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000002107 (9)

1. Corporation Name

CASINO WORLD, INC. OF DIAMONDHEAD



Principal Place of Business

Mailing Address

4407 WEST ALOHA DRIVE
DIAMONDHEAD MS 39525

4407 WEST ALOHA DRIVE
DIAMONDHEAD MS 39525

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/01/1995

3a. Date of Last Report

4. FEI Number

64-0828550

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$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

10. Name and Address of New Registered Agent

HUGHES, J. ROBERT ESQUIRE
BARRON, REDDING, HUGHES, FITE ET AL.
220 MCKENZIE AVENUE
PANAMA CITY FL 32401

81 Name

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

83

84 City

FL

85 Zip Code

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 607.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resignating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	VITALE, DEBORAH	
STREET ADDRESS	1013 PRINCESS STREET	
CITY - ST - ZIP	ALEXANDRIA VA 22314	
TITLE	D	☒ DELETE
NAME	TURNER, STEPHEN M	
STREET ADDRESS	8245 BOONE BLVD #704	
CITY - ST - ZIP	VIENNA VA 22182	
TITLE	SD	☒ DELETE
NAME	PETTY, SHARON E	
STREET ADDRESS	4735 S. PERAL ST.	
CITY - ST - ZIP	LAS VEGAS NV 89121	
TITLE	PD	☐ DELETE
NAME	REDDIEN, CHARLES H	
STREET ADDRESS	4407 W. ALOHA DR.	
CITY - ST - ZIP	DIAMONDHEAD MS 39525	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D, chairman	☐ Change ☒ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	Director	☐ Change ☒ Addition
5.2 NAME	Bollock, Foster	
5.3 STREET ADDRESS	150-153rd Ave Suite 200	
5.4 CITY - ST - ZIP	Madeira Beach, FL 33708	
6.1 TITLE	Director	☐ Change ☒ Addition
6.2 NAME	Hedley, Piers	
6.3 STREET ADDRESS	150-153rd Ave Suite 200	
6.4 CITY - ST - ZIP	Madeira Beach, FL 33708	

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96 813-393-2885
Date Daytime Phone #

CR2E034 (12/95)

5/1/96