## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Apr 28 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9500002107 (9)

CASINO WORLD, INC. OF DIAMONDHEAD

Principal Place of Business		Mailing Address			4811 8811 8811 1181 1191 8811 1881 1881
5403 INDIAN HILL BLVD. DIAMONDHEAD MS 39525		5409 INDIAN TILL BLVD.			
DIAMONDHE	AD MS 39525	DIAMONDHEAD M8 38525 150-153rd A	UP. Suite 20	DO NOT WRI	TE IN THIS SPACE
		madeira Beach	h f/ 227/10	3. Date Incorporated or Qualified	
ļ		maderia beac	אטר פים אדון	05/01/1995	<b>-</b>
2. Principal F	Place of Business	2a. Mailing Address	^ ^	4. FEI Number	Applied For
21		26 150-153	nd. Hveni	ام <del>ا</del> 64-0828550	Not Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional
22		27 Suiteac	OO	V. Certificate of Status Desired	Fee Required
City & State		City & Shale Lto D	seach. Fi	6. Election Campaign Financing	\$5.00 May Be
23		28 11 QQC11Q C		Trust Fund Contribution	Added to Fees
Zip	Country	722700 F	Country	8. This corporation owes or has	· <b></b>
24	25 9. Name and Address of Curren		30 US/	Personal Property Tax due Jui  10. Name and Address of New I	
DI	<del></del>	Luadistated Wildlif	81 Name	TO, Name and Address of New I	registered Agent
	JLL <b>o</b> ck, lester 0-1 <b>53r</b> d avenue suite 200		710.110	Deborah A. Vitale	
	ADEIRA BEACH FL 33708		82 Street A	ddress (P.O. Box Number is Not Accept	
M	ADEMA DEACH FL 33/00		83	150 - 153rd Ave., Su	11te 200
ł			[55]		
1			84 City	Madeira Beach	FL 85 Zip Code 33708
de Disserve	to the provide of Sections 607.0500	Lond 607 4500 Florida Statuto			
[ III Pursuani	to the provisions of Sections 607.0502	of Harida, Such change was a	s, tile above-hamed c	orporation submits this statement for the	e purpose of changing its registered to
office or	registered agent, or both, in the State i	or ricinga, auch change was at	THOUSE OF THE COIDS	rations board of directors. I ricroby acc	
office or l agent. I a	registe od agen), or both, in the State am tamiliar with and accept the obliga	tions of Section 601 0505, Flor	ida Statutes.	riation's board of directors. Theroby doc	11100
office or agent. I a SIGNATURE	1 bunt	U.Vilale	<u>ب</u>		4-6.98
office or agent. I a SIGNATURE	Stochure, typed of ponted name of registered ager	it and title if applicable (NOTE	Registered Agent signature re	equired when reinstating)	4-6-98 DATE
office or agent. I a SIGNATURE	1 bunt	it and title if applicable (NOTE	Registered Agent signature re	equired when reinstating)	4-6,98 DATE FICERS AND DIRECTORS IN 12
office or agent. I see SIGNATURE  12.	Stockure. When of points I name of registered ager OFFICERS AND	it and title if applicable (NOTE) DIRECTORS	Registered Agent signature re 13.	equired when reinstating)	H-6,98 DATE FICERS AND DIRECTORS IN 12
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6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 14. Thereby 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 suppliesmental 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 this 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.