

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

FILED  
Apr 28 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

5403 INDIAN HILL BLVD.  
DIAMONDHEAD MS 39525

Mailing Address

5403 INDIAN HILL BLVD.  
DIAMONDHEAD MS 39525  
150-153rd Ave. Suite 200  
Madeira Beach, FL 33708

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
05/01/1995

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 150-153rd. Avenue

27 Suite 200

28 Madeira Beach, FL

29 33708 30 USA

9. Name and Address of Current Registered Agent

BULLOCK, LESTER  
150-153RD AVENUE 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

*Deborah A. Vitale*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-6-98

12. OFFICERS AND DIRECTORS

TITLE DC  
NAME VITALE, DEBORAH  
STREET ADDRESS 1013 PRINCESS STREET  
CITY-ST-ZIP ALEXANDRIA VA 22314 ☐ DELETE

TITLE D  
NAME BULLOCK, LESTER M  
STREET ADDRESS 150-153RD AVE SUITE 200  
CITY-ST-ZIP MADEIRA BEACH FL 33708 ☒ DELETE

TITLE D  
NAME HEDLEY, PERS E  
STREET ADDRESS 150-153RD AVE SUITE 200  
CITY-ST-ZIP MADEIRA BEACH FL 33708 ☒ DELETE

TITLE PD  
NAME REDDIEN, CHARLES H  
STREET ADDRESS 4407 W. ALOHA DR.  
CITY-ST-ZIP DIAMONDHEAD MS 39525 ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP ☐ Change ☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☒ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☒ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☒ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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.

CR2E034 (10/97)