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PROFIT
CORPORATION
ANNUAL REPORT
1996

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

FILED
Apr 17 1996 8:00 am
Secretary of State

DOCUMENT # **H81393** **(1)**

1. Corporation Name
CASINOS AUSTRIA MARITIME CORPORATION

Principal Place of Business	Mailing Address
150 153RD AVENUE EAST MADEIRA BEACH FL 33708	150 153RD AVENUE EAST MADEIRA BEACH FL 33708

3. Date Incorporated or Qualified: **10/17/1985**
3a. Date of Last Report: **07/25/1995**

2. Principal Place of Business
21 1651 SHERIDAN ST.
Suite, Apt. #, etc.
22 303
City & State
23 HOLLYWOOD FL
Zip 24 33021 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-2715677** ☐ 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

9. Name and Address of Current Registered Agent

CHASE, ALAN R., ESQ..
9400 DADELAND BLVD., SUITE 600
MIAMI FL 33156

10. Name and Address of New Registered Agent

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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent, and title (if applicable) (NOTE: Registered Agent signature required when mailed in.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TUCEK, ALEXANDER		1.2 NAME		
STREET ADDRESS	150 153RD AVE EAST		1.3 STREET ADDRESS		
CITY-ST-ZIP	MADEIRA BCH FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MUELLER, PETER		2.2 NAME		
STREET ADDRESS	150 153RD AVE. EAST		2.3 STREET ADDRESS		
CITY-ST-ZIP	MADEIRA BCH FL		2.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MAYRHOFER, HUBERT		3.2 NAME		
STREET ADDRESS	150 153RD AVE. EAST		3.3 STREET ADDRESS		
CITY-ST-ZIP	MADEIRA BCH FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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4-17-96 JR

CR2E034 (12/95)

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: Hubert Mayrhofer 4/8/96 954-964-4131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

HUBERT MAYRHOFER