

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 24 PM 4:10

**DOCUMENT # J24159 (2)**

1. Corporation Name  
**CASINO PARKING, INC.**

|  |   |
|--|---|
| Principal Place of Business                              | Mailing Address   |
| 3500 N.E. 11TH AVE.<br>SPACE E.<br>OAKLAND PARK FL 33334 | 3500 N.E. 11TH AVENUE<br>SPACE E<br>OAKLAND PARK FL 33334<br>US |

DO NOT WRITE IN THIS SPACE

|   |  |
|---|--|
| 3. Date incorporated or organized<br><b>07/15/1986</b>  | 3a. Date of last report<br><b>01/24/1994</b> |
| 4. FTT Number<br><b>59-2699052</b>  | Applied For<br>Not Applicable                |
| 5. Certificate of Status (Required) <input type="checkbox"/>  | <b>\$8.75 Additional Fee Required</b>        |
| 6. Election Campaign Contribution<br>Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>           |
| 8. This corporation has authority for registration by order of the court.<br>Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

|  |  |
|--|--|
| 2. Principal Place of Business   | 2a. Mailing Address  |
| 21. 1421 E. Oakland Pk. Blvd.<br>Suite Apt. or etc.<br><b>22 Suite 202</b><br>City & State<br><b>23 Fort Lauderdale, Florida</b> | 26. 1421 E. Oakland Pk. Blvd.<br>Suite, Apt. or, etc.<br><b>27 Suite 202</b><br>City & State<br><b>28 Fort Lauderdale, Florida</b> |
| 24. 33334<br>Country<br><b>25 U.S.A.</b>   | 29. 33334<br>Country<br><b>30 U.S.A.</b>   |

9. Name and Address of Current Registered Agent

**TAMULYNAS, MICHAEL J.**  
**4870 N.E. 5TH AVE.**  
**FORT LAUDERDALE FL 33334**

10. Name and Address of New Registered Agent

|  |           |
|--|-----------|
| B1 Name                                    |           |
| B2 Street Address (City, Box Number, etc.) |           |
| B3   |           |
| B4 City                                    | <b>FL</b> |
| B5 ZIP Code                                |           |

11. Pursuant to the provisions of Sections 607.020(2) and 607.1508, Florida Statutes, the above named corporation authentic the statement for the purpose of changing its registered office of registered agent in both in the State of Florida. Such change was authorized by the corporation's board of directors, officers, and the appointment as registered agent. This form will be filed with the Secretary of State, Section 607.0205, Florida Statutes.

SIGNATURE *Michael J. Tamulynas* **Michael J. Tamulynas Pres/Sec** **2/20/95**

12. OFFICERS AND DIRECTORS

|                |                       |
|----------------|-----------------------|
| REL            | PD                    |
| NAME           | TAMULYNAS, MICHAEL J. |
| STREET ADDRESS | 4870 N.E. 5TH AVENUE  |
| CITY           | FT. LAUDERDALE FL     |
| REL            |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY           |                       |
| REL            |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY           |                       |
| REL            |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY           |                       |
| REL            |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY           |                       |

13. ADDITIONS CHANGED TO OFFICERS AND DIRECTORS

|                    |  |
|--------------------|--|
| 1. NAME            | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 2. NAME            |  |
| 3. STREET ADDRESS  |  |
| 4. CITY            |  |
| 5. NAME            |  |
| 6. NAME            |  |
| 7. STREET ADDRESS  |  |
| 8. CITY            |  |
| 9. NAME            |  |
| 10. NAME           |  |
| 11. STREET ADDRESS |  |
| 12. CITY           |  |
| 13. NAME           |  |
| 14. NAME           |  |
| 15. STREET ADDRESS |  |
| 16. CITY           |  |
| 17. NAME           |  |
| 18. NAME           |  |
| 19. STREET ADDRESS |  |
| 20. CITY           |  |

14. I hereby certify that the information supplied with this filing is accurate, complete and true, and that I am the duly authorized officer or director of the corporation. I understand that the information indicated on this form is subject to supplemental annual report filing and is available for public inspection. I understand that the information on this form is subject to public inspection. I understand that the information on this form is subject to public inspection. I understand that the information on this form is subject to public inspection.

SIGNATURE *Michael J. Tamulynas* **Michael J. Tamulynas** **2/20/95** **(305) 568-2536**