

2-26-97 B-2360  
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FILED  
Feb 26 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # J45872 (5)

1. Corporation Name  
AMERICAN JAI ALAI, INC.

Principal Place of Business

1501 MARINE ISLE WAY  
305-  
JUPITER FL 33477  
US-

Mailing Address

1501 MARINA ISLE WAY  
305-  
JUPITER FL 33477-9415  
US-

2. Principal Place of Business

21 3421 SKYSAIL PLACE

Suite, Apt. #, etc.

22 -

City & State

23 TAMPA, FL.

Zip

24 33607

Country

25 US

2a. Mailing Address

26 3421 SKYSAIL PL.

Suite, Apt. #, etc.

27 -

City & State

28 TAMPA, FL.

Zip

29 33607

Country

30 US

3. Date Incorporated or Qualified

12/08/1986

3a. Date of Last Report

06/17/1996

4. FEI Number

65-0119568

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$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

X No

9. Name and Address of Current Registered Agent

HARNEY, FRED B

1501 MARINA ISLE WAY

SUITE 10-

JUPITER FL 33477

10. Name and Address of New Registered Agent

81 Name

FRED B. HARNEY

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

83

3421 SKYSAIL PLACE

84 City

TAMPA

FL

85 Zip Code

33607

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 *Fred B. Harney*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCEO - D ☐ DELETE

NAME HARNEY, FRED B

STREET ADDRESS 8500 SOUTH AVE #109

CITY - ST - ZIP JENSEN BEACH FL

TITLE VP - D ☐ DELETE

NAME GLOAD, RICHARD

STREET ADDRESS 649 U.S. HWY. ONE, STE. 10

CITY - ST - ZIP N. PALM BCH FL

TITLE SEC - D ☐ DELETE

NAME LACHANCE, MURIEL

STREET ADDRESS 1501 MARINA ISLE WAY

CITY - ST - ZIP JUPITER FL

TITLE T ☒ DELETE

NAME FIELDING, EDWARD V

STREET ADDRESS 03 SW LINDEN STREET

CITY - ST - ZIP STUART FL

TITLE D ☒ DELETE

NAME SKIPP, PHILIP

STREET ADDRESS 649 US ONE #10

CITY - ST - ZIP NORTH PALM BEACH FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PCEO - D ☒ Change ☐ Addition

1.2 NAME Fred B. Harney

1.3 STREET ADDRESS 3421 Skysail Pl.

1.4 CITY - ST - ZIP Tampa, Fl. 33607

2.1 TITLE VP - D ☒ Change ☐ Addition

2.2 NAME Richard Gload

2.3 STREET ADDRESS 3421 Skysail Pl.

2.4 CITY - ST - ZIP Tampa, Fl. 33607

3.1 TITLE Sec - D ☒ Change ☐ Addition

3.2 NAME Muriel Lachance

3.3 STREET ADDRESS 3421 Skysail Pl.

3.4 CITY - ST - ZIP Tampa, Fl. 33607

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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.

SIGNATURE: *Fred B. Harney* FRED HARNEY 1-27-97 561-762-1655

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)