

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

FILED

May 08 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J45872** (5)  
1. Corporation Name  
**AMERICAN JAI ALAI, INC.**

Principal Place of Business  
**3421 SKYSAIL PLACE  
TAMPA FL 33607  
US**

Mailing Address  
**3421 SKYSAIL PLACE  
TAMPA FL 33607  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>5858 NW 80th AVE Rd.</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>5858 NW 80th AVE Rd</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>12/08/1986</b>	
22 City & State 23 <b>OCALA, FLORIDA</b>		27 City & State 28 <b>OCALA, FL.</b>		4. FEI Number <b>65-0119568</b> Applied For <input type="checkbox"/> Not Applicable	
24 Zip <b>34482</b>		25 Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
26 Zip <b>34482</b>		27 Country <b>USA</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>HARNEY, FRED B 3421 SKYSAIL PLACE TAMPA FL 33607 5858 NW 80th AVE Rd. OCALA, FL. 34482</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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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* **FRED B. HARNEY** 1-10-98  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO HARNEY, FRED B 3421 SKYSAIL PL TAMPA FL</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5858 NW 80th Ave Rd OCALA, FL 34482</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>CLARENCE RICHARD 3421 SKYSAIL PL TAMPA FL</b></del> <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD LACHANCE, MURIEL 3421 SKYSAIL PL TAMPA FL</b> <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5858 NW 80th AVE Rd OCALA, FL. 34482</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>TREAS EDWARD Fielding</b></del> <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>TREASURER DIRECTOR</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Fred B. Harney* **FRED B. HARNEY** 1-10-98

CR2E034 (10/97)