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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -2 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J79702

(3)

1. Corporation Name

CAESARS OF CHARLOTTE, INC.

Principal Place of Business

Mailing Address

% GARLAND AUSTIN YEARWOOD JR
~~603 NAPOLI LANE 130 BREAKERS COURT~~
PUNTA GORDA FL 33950 UNIT 132

% GARLAND AUSTIN YEARWOOD JR
~~603 NAPOLI LANE 130 BREAKERS COURT~~
PUNTA GORDA FL 33950 UNIT 132

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/25/1987

3a. Date of Last Report

06/23/1994

4. FEI Number

59-2831247

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



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

25

29 Zip Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

YEARWOOD, GARLAND AUSTIN HR
~~603 NAPOLI LANE 130 BREAKERS COURT~~
PUNTA GORDA FL 33950 UNIT 132

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME YEARWOOD, GARLAND AUSTIN
STREET ADDRESS ~~603 NAPOLI LANE~~
CITY-ST-ZIP PUNTA GORDA FL

TITLE D
NAME YEARWOOD, SANDRA LYNN
STREET ADDRESS ~~603 NAPOLI LANE~~
CITY-ST-ZIP PUNTA GORDA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE



1.2 NAME

1.3 STREET ADDRESS

130 BREAKERS COURT UNIT 132

1.4 CITY-ST-ZIP

2.1 TITLE



2.2 NAME

2.3 STREET ADDRESS

130 BREAKERS COURT UNIT 132

2.4 CITY-ST-ZIP

3.1 TITLE



3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE



4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE



5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE



6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 110.07(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:

Garland A. Yearwood Jr.

Garland A. Yearwood Jr.

2-25-95

813-687-9119

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

DATE

TELEPHONE NUMBER