FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAR 20 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000001700 (3)

1. Corporation Name
FLORIDA LOCALLY APPROVED GAMING, INC.

Principal Place of Business	Mailing Address
C/O HOLLAND AND KNIGHT ATTN:SUSAN TURNER 315 S. CALHOUN, SUITE 600 TALLAHASSEE FL 32301	C/O HOLLAND AND KNIGHT ATTN:SUSAN TURNER 315 S. CALHOUN, SUITE 600 TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/06/1994
3a. Date of Last Report:
4. FEI Number: 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES STRET, STE. 105
TALLAHASSEE FL 32301

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C/P	11 TITLE	☐ Change ☐ Addition
NAME	Charles M. Fernandez	12 NAME	
STREET ADDRESS	2960 Coral Way	13 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33131	14 CITY ST ZIP	
TITLE	VC D	21 TITLE	☐ Change ☐ Addition
NAME	Bernard J. Murphy	22 NAME	
STREET ADDRESS	Two Executive Drive	23 STREET ADDRESS	
CITY-ST-ZIP	Somerset, New Jersey 08873	24 CITY ST ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	Mikki Canton D	32 NAME	
STREET ADDRESS	3911 Riviera Drive	33 STREET ADDRESS	
CITY-ST-ZIP	Coral Gables, FL 33134	34 CITY ST ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	John Dwyer	42 NAME	
STREET ADDRESS	8700 W. Bryn Mawr, 2nd fl	43 STREET ADDRESS	
CITY ST ZIP	Chicago, Illinois 60631	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an asterisk.

SIGNATURE: _____ Feb 3-'95 305-442-2800
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR AUTHORIZED OFFICIAL — Date — Daytime Phone #
Charles M. Fernandez, President

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