

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **N94-1700**

1. Corporation Name

FLORIDA LOCALLY APPROVED GAMING, INC.

FILED

97 MAY -8 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

c/o Holland & Knight
Attn: Susan L. Turner
315 S. Calhoun St., Suite 600
Tallahassee, FL 32301

c/o Holland & Knight
Attn: Susan L. Turner
315 S. Calhoun St., Suite 600
Tallahassee, FL 32301

3. Date Incorporated or Qualified
04/06/1994

3a. Date of Last Report
07/02/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

Applied For

NOT APPLICABLE

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

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Prentice-Hall Corporation System, Inc.
1201 Hayes Street, Suite 105
Tallahassee, FL 32301

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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 CHD
NAME Fernandez, Charles M.
STREET ADDRESS 2960 Coral Way
CITY-ST-ZIP Miami, FL 33131

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 100 S.E. 2nd Street, 36th Floor
1.4 CITY-ST-ZIP Miami, FL 33131

TITLE VCD
NAME Murphy, Bernard J.
STREET ADDRESS Two Executive Drive
CITY-ST-ZIP Somerset, NJ 08873

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 380 Middlesex Avenue
2.4 CITY-ST-ZIP Cataret, NJ 07008

TITLE SD
NAME Canton, Mikki
STREET ADDRESS 3911 Riviera Drive
CITY-ST-ZIP Coral Gables, FL 33134

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS 500002172395--7
3.4 CITY-ST-ZIP -05/09/97--01003--0016
*****61.25 *****61.25

TITLE T
NAME Dwyer, John
STREET ADDRESS 8700 W. Bryn Mawr, 2nd Floor
CITY-ST-ZIP Chicago, IL 60631

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS Scott La Porta
4.4 CITY-ST-ZIP 9336 Civic Center Drive
Beverly Hills, CA 90210

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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 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 address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR

5/6/97

Date

305/350-9830

Daytime Phone #

CR2E037 (9/96)