

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90096 030 ***150.00

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DOCUMENT # **P22937**

1. Corporation Name
ARISTOCRAT, INC.

Principal Place of Business
**750 A SOUTH ROCK BLVD
RENO NV 89502**

Mailing Address
**750 A SOUTH ROCK BLVD
RENO NV 89502**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/10/1989

4. FEI Number

88-0097390

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 **9895 Double R Blvd.**

Suite, Apt. #, etc.

22 **Ste. 200**

City & State

23 **Reno, NV**

Zip

24 **89511**

Country

25 **USA**

2a. Mailing Address

26 **9895 Double R Blvd.**

Suite, Apt. #, etc.

27 **Ste. 200**

City & State

28 **Reno, NV**

Zip

29 **89511**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

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 **D** ☒ DELETE

NAME **DOUGALL, JOHN P**
STREET ADDRESS **85-113 DUNNING AVE**
CITY-ST-ZIP **ROSEBERY NS**

TITLE **D** ☐ DELETE

NAME **COHN, STEPHEN**
STREET ADDRESS **85-113 DUNNING AVE**
CITY-ST-ZIP **ROSEBERY NS**

TITLE **DP** ☐ DELETE

NAME **MCCLAIN, DEAN**
STREET ADDRESS **750 SOUTH ROCK BLVD**
CITY-ST-ZIP **RENO NV**

TITLE **T** ☒ DELETE

NAME **THORNTON, THOMAS A**
STREET ADDRESS **750 SOUTH ROCK BLVD**
CITY-ST-ZIP **RENO NV**

TITLE **S** ☐ DELETE

NAME **AARON, BARTH F**
STREET ADDRESS **750 SOUTH ROCK BLVD**
CITY-ST-ZIP **RENO NV**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition

1.2 NAME **Frank Burke**
1.3 STREET ADDRESS **P.O. Box 808**
1.4 CITY-ST-ZIP **Lane Cove NSW 2066**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **9895 Double R Blvd.**
3.3 STREET ADDRESS **Reno, NV 89511**

3.4 CITY-ST-ZIP

4.1 TITLE **D** ☐ Change ☒ Addition

4.2 NAME **Des Randall**
4.3 STREET ADDRESS **P.O. Box 155**
4.4 CITY-ST-ZIP **Lane Cove NSW 2066**

5.1 TITLE **S-T** ☒ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS **9895 Double R Blvd.**
5.4 CITY-ST-ZIP **Reno, NV 89511**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Barth F. Aaron

Barth F. Aaron, Sec/Treas. 775-850-7767

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)