FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 18 PM 10:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000082637 (8)**

1. Corporation Name
FULL HOUSE PROPERTIES, INC.

Principal Place of Business	Mailing Address
15 ROYAL PALM WAY APT. 405 BOCA RATON FL 33432	15 ROYAL PALM WAY APT. 405 BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/24/1993
3a. Date of Last Report: 03/29/1994

2. Principal Place of Business	2a. Mailing Address
21 18 ROYAL PALM WAY	26 18 ROYAL PALM WAY
Suite, Apt. #, etc. 22 SUITE 209	Suite, Apt. #, etc. 27 SUITE 209
City & State 23 BOCA RATON, FL.	City & State 28 BOCA RATON FL, 33432
Zip / Country 24 33432 / 25 PALM BEACH	Zip / Country 29 33432 / 30 PALM BEACH

4. FEI Number: 65-0453969 ☐ 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. The 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
LABBAD, GEORGE G 15 ROYAL PALM WAY APT. 405 BOCA RATON FL 33432	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 607.1602, 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 _____ 4/6/95
Signature, typed or printed name of person signing (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	LABBAD, GEORGE G	1.2 NAME	LABBAD, GEORGE G.	
STREET ADDRESS	15 ROYAL PALM WAY, APT. 405	1.3 STREET ADDRESS	18 ROYAL PALM WAY SUITE 209	
CITY-ST-ZIP	BOCA RATON FL 33432	1.4 CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	STD	2.1 TITLE	STD	☑ Change ☐ Addition
NAME	LABBAD, NANCY J	2.2 NAME	LABBAD, NANCY J.	
STREET ADDRESS	15 ROYAL PALM WAY, APT. 405	2.3 STREET ADDRESS	18 ROYAL PALM WAY SUITE 209	
CITY-ST-ZIP	BOCA RATON FL 33432	2.4 CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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 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: _____ GEORGE G. LABBAD 4/6/95 (407) 392-2062
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0214700 CF