2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

08-02-2004 90019 030 \*\*\*\*50:00

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| 1. Enlity Name   |  |  |  |   |   | .ED   |  |
|--|--|--|--|---|---|---|--|
| TROPICANA RESORT MOTELS, INC.  |  |  |  |   | 0400710   | <b>6</b>  |  |
|  | <u> </u>   | ·  |  | 155   | 04 OCT 19   | PM 2: 15  |  |
| Principal Plac   | e of Business  | Mailing Address  | <del></del>  |   | SECRETARY<br>TALLAHASSEI  | OF STATE  |  |
| #45 S GULFVIEW BLVD 445 S GULFVIEW BLVD CLEARWATER FL 33767 CLEARWATER FL 33767  |  | <del></del>  |  | MA22E   | E. FLORIDA  |   |  |
|  |  |  |  |   | 11.00 Lille susee nears with 181 Lille  | - / s<br>1 Atius Made Inidi Mada Angle  | Merant in lääl                                   |
| 2. Principal P   | lace of Business   | 3. Mailing Address   |  |   |   |   |  |
| 103 BēlleaIslēāAve. 103 Bēlle Is   |  | sle Ave.   |  | <b>atari</b> iy <b>s texe aya</b> ti ariii baiii baiii  | 88119   178   1219   118   811   1  |   |  |
| Suite, Apt.  | #, etc.  | Suite, Apt. #, etc.  |  | ļ   | MOORE C   | CR2E034 (4/04)  | •  |
| City & State<br>Belleair Beach, FL   |  | City & State<br>Belleair Beach, FL   |  | 4. FEI Num  | <sup>59-3237972</sup>   | <del></del>   | oplied For<br>lot Applicable                     |
| Zip  | Country  | Zip  | Country  | E Contitions  |   | _ \$8.75 A  |  |
| 3378   |  | 33786  | - · · · · ·  |   | e of Status Desired   | Fee Requir  |  |
| <b>1</b> 2   | 6. Name and Address of Current i   | registered Agem  | Name   |   | d Address of New Regi   | istered Agent.  |  |
| CON  | NTI, JOHN  | CONTI, JOHN  |  |   |   |   |  |
| 445 S GULFVIEW BLVD CLEARWATER BEACH FL 33767—   |  |  | Street Address (P.O. Box Number is Not Acceptable) 103 Belle Isle Ave.   |   |   |   |  |
| SEEMINAMIENT BEACHTE SOLOT   |  |  |  |   |   |   |  |
|  |  | Belleair Beach, FL Zin Code 33786  |  |   |   |   |  |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  |  |  |  |   |   |   |  |
| una conigat  | ions of registered egon.   |  |  |   |   |   |  |
| SINATURE   |  |  |  |   |   |   |  |
| 7  | Signature, typed or printed name of registered agent a   | und title if applicable. (NOTE: R  | Registered Agent signatur  | re required whon reinstating)   |   | DATE  |  |
| 7  | Sgnature, typed or printed name of registered agont a  | \$050\$120\$   | <del></del>  | re required when reinstating) waiver of the \$400.00  | 9 Flection Compaign   |   | : 00 May 0a                                      |
|  | ILE: NOW!!! FEE IS \$550.00<br>DUE BY September 8, 2004  | S.607.193(2)(b), F. late fee. By checking  | S., allows for the ving this box, the co   | waiver of the \$400.00 orporation certifies it  | 9. Election Campaigr Trust Fund Contrib   | n Financing \$5   | i.00 May Be<br>ded to Fees                       |
|  | ILE NOW!!! FEE IS \$550.00   | S.607.193(2)(b), F. late lee. By checkin did not receive prior   | S., allows for the ving this box, the co   | waiver of the \$400.00 proporation certifies it file is \$150.00.   |   | n Financing \$5<br>pution.  | ded to Fees                                      |
| Make Check   | ILE NOW!!! FEE IS \$550.00 AT DUE BY September, 8, 2004 AT Payable to Florida Department of OFFICERS AND   | S.607.193(2)(b), F. late lee. By checkin did not receive prior   | S., allows for the ving this box, the coor notice. Fee to f  | waiver of the \$400.00 proporation certifies it file is \$150.00.   | Trust Fund Contrib  | n Financing \$5<br>pution.  | ded to Fees                                      |
| Make Checl 10. HTLE P  | ILE NOW!!! FEE IS \$550.00 ACT DUE BY September, 8, 2004 ACT Provide to Florida Department of OFFICERS AND DOOR TO THE TOTAL OFFICERS AND TO T | S.607.193(2)(b), F. late fee. By checkin did not receive prio  | S., allows for the ving this box, the coor notice. Fee to f  | waiver of the \$400.00 proporation certifies it file is \$150.00. ID ADDITION:  CONTI, JC 103 Belle   | Trust Fund Contrib S/CHANGES TO OFFICE DHN LS1e Ave.  | n Financing \$5 pution.   | ded to Fees                                      |
| Make Check   | ILE NOW!!! FEE IS \$550.00 AT DUE BY September, 8, 2004 AT Payable to Florida Department of OFFICERS AND   | S.607.193(2)(b), F. late fee. By checkin did not receive prio  | S., allows for the ving this box, the coor notice. Fee to f  | waiver of the \$400.00 proporation certifies it file is \$150.00. ID ADDITION:  CONTI, JC 103 Belle   | Trust Fund Contrib S/CHANGES TO OFFICE DHN LISTE Ave.   | n Financing \$5 pution.   | ded to Fees                                      |
| Make Check 10. HITLE NAME STREET ADDRESS CITY-ST-ZIP HITLE   | ILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004  Peyable to Florida Department of  OFFICERS AND  D  CONTI, JOHN  950 HAMDEN DR.  CLEARWATER BEACH FL-93767  D  | S.607.193(2)(b), F. late fee. By checkin did not receive prio  | S., allows for the wang this box, the coor notice. Fee to for notice.  | ADDITION: CONTI, JC Belleair CONTI, JC  | Trust Fund Contrib  S/CHANGES TO OFFICE  OHN  Isle Ave. Beach, FL 3                                 | n Financing \$5 pution.   | RS IN 11   |
| Make Check 10. HITLE NAME STREET ADDRESS CITY-ST-ZIP HITLE NAME  | ILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004  Peyable to Florida Department of  OFFICERS AND I  CONTI, JOHN STO HAMDEN DR.  CLEARWATER BEACH FL-33767  D CONTI, WA  | S.607.193(2)(b), F.1 late fee. By checking did not receive print DIRECTORS  Delete   | S., allows for the wing this box, the connotice. Fee to for notice. Fe | waiver of the \$400.00 proporation certifies it file is \$150.00. ID  ADDITION: CONTI, JC 103 Belle Belleair CONTI, IV 103 Belle                        | Trust Fund Contrib  S/CHANGES TO OFFICE  OHN  Isle Ave. Beach, FL 3  VA  Isle Ave.                  | n Financing \$5 pution.   | RS IN 11 Addition                                |
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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 report or supplemental 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 reserving or floride empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an alternation with an address, with all other like empowered.

SIGNATURÉ