

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # P94000029019 (4)

95 FEB 20 AM 10: 36

1. Corporation Name

BALLY'S ENTERTAINMENT FLORIDA, INC.

Principal Place of Business

Mailing Address

8700 WEST BRYN MAWR
CHICAGO IL 60631

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CHICAGO IL 60631

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/15/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

58-2114297

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: D
NAME: GOLDBERG, ARTHUR M
STREET ADDRESS: 2 EXECUTIVE DRIVE
CITY - ST - ZIP: SOMERSET NJ 08873

1.1 TITLE: Chief Exec. Officer Change Addition
1.2 NAME: Arthur M. Goldberg
1.3 STREET ADDRESS: 8700 W. Bryn Mawr Ave.
1.4 CITY - ST - ZIP: Chicago, IL 60631

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

2.1 TITLE: President Change Addition
2.2 NAME: Wallace R. Barr
2.3 STREET ADDRESS: Park Place & the Boardwalk
2.4 CITY - ST - ZIP: Atlantic City NJ 08401

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

3.1 TITLE: Vice Pres. & Treasurer Change Addition
3.2 NAME: Lee S. Hillman
3.3 STREET ADDRESS: 8700 W. Bryn Mawr Ave.
3.4 CITY - ST - ZIP: Chicago, IL 60631

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

4.1 TITLE: Vice Pres. & Secretary Change Addition
4.2 NAME: Bernard J. Murphy
4.3 STREET ADDRESS: 8700 W. Bryn Mawr Avenue
4.4 CITY - ST - ZIP: Chicago, IL 60631

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

5.1 TITLE: Vice President Change Addition
5.2 NAME: Carol S. DePaul
5.3 STREET ADDRESS: 8700 W. Bryn Mawr Avenue
5.4 CITY - ST - ZIP: Chicago, IL 60631

TITLE: Vice President
NAME: Cary A. Gaan
STREET ADDRESS: 8700 W. Bryn Mawr Ave.
CITY - ST - ZIP: Chicago, IL 60631

6.1 TITLE: Vice President Change Addition
6.2 NAME: John W. Dwyer
6.3 STREET ADDRESS: 8700 W. Bryn Mawr Ave.
6.4 CITY - ST - ZIP: Chicago, IL 60631

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 110.017, Florida Statutes. I further certify that the information included 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 15 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Carol S. DePaul

Carol S. DePaul

1/18/95 312/399-1300

(SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR)

(DATE) (PHONE NUMBER)