

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

FILED

May 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000030053 (0)

1. Corporation Name
BALLY'S FLORIDA CASINO, INC.

Principal Place of Business

8700 W. BRYN MAWR
CHICAGO IL 60631

Mailing Address

8700 W. BRYN MAWR
CHICAGO IL 60631-3507



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 40 HILTON HOTELS CORP.

27 Suite, Apt. #, etc.

27 9336 CIVIC CTR DR.

28 City & State

28 BEVERLY HILLS, CA 90210

29 Zip

30 Country

3. Date Incorporated or Qualified

04/20/1994

3a. Date of Last Report

04/12/1996

4. FEI Number

58-2163533

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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 VP ☒ DELETE

NAME GAAN, CARY A
STREET ADDRESS 8700 W. BYRN MAWR AVENUE
CITY-ST-ZIP CHICAGO IL

TITLE CEO ☐ DELETE

NAME GOLDBERG, ARTHUR M
STREET ADDRESS 380 MIDDLESEX AVE.
CITY-ST-ZIP CARTERET NJ 07008

TITLE P ☐ DELETE

NAME BARR, WALLACE R
STREET ADDRESS PARK PLACE & THE BOARDWALK
CITY-ST-ZIP ATLANTIC CITY NJ

TITLE VPT ☒ DELETE

NAME HILLMAN, LEE S
STREET ADDRESS 8700 W. BRYN MAWR AVE.
CITY-ST-ZIP CHICAGO IL

TITLE VP ☒ DELETE

NAME DEPAUL, CAROL S
STREET ADDRESS 8700 W. BRYN MAWR AVE.
CITY-ST-ZIP CHICAGO IL

TITLE VP ☒ DELETE

NAME DWYER, JOHN W
STREET ADDRESS 8700 W. BRYN MAWR AVE.
CITY-ST-ZIP CHICAGO IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VPS ☐ Change ☒ Addition

1.2 NAME BERNARD J. MURPHY

1.3 STREET ADDRESS 9336 CIVIC CTR DR.

1.4 CITY-ST-ZIP BEVERLY HILLS, CA 90210

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

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE VPT ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS 9336 CIVIC CTR DR.

4.4 CITY-ST-ZIP BEVERLY HILLS, CA 90210

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Matthew J. Hart

4.28.97

CR2E034 (9/96)