

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

CORPORATION  
ANNUAL REPORT

1995



1. 1990年1月1日起，凡在北京市从事个体经营的公民，其应纳税额按季核定，按季缴纳。  
 2. 1990年1月1日起，凡在北京市从事个体经营的公民，其应纳税额按季核定，按季缴纳。  
 3. 1990年1月1日起，凡在北京市从事个体经营的公民，其应纳税额按季核定，按季缴纳。  
 4. 1990年1月1日起，凡在北京市从事个体经营的公民，其应纳税额按季核定，按季缴纳。  
 5. 1990年1月1日起，凡在北京市从事个体经营的公民，其应纳税额按季核定，按季缴纳。

APPROVED  
AND  
FILED

95 APR 23 PM 6:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000073843 (2)

**NATIONAL GAMING ASSOCIATES, INC.**

$\frac{1}{2} \pi + \theta - 2\pi = -\frac{3}{2} \pi + \theta$

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                              |  |                                                                                                                                                |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 204 S. MONROE STREET<br>TALLAHASSEE FL 32301                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 204 S. MONROE STREET<br>TALLAHASSEE FL 32301 |  | 3. Date of Corporation's Certificate: <b>10/07/1994</b><br>3a. Page of Last Report:                                                            |  |
| 2. Director/Chairman of the Firm:                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 2a. Mailing Address:                         |  | 4. FET Number: <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable                                      |  |
| 21. State:                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 26. State:                                   |  | 5. Certificate of Status Desired: <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                               |  |
| 22. City & State:                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 27. City & State:                            |  | 6. Election Campaign Financing: <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                    |  |
| 23. City:                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 28. City:                                    |  | 7. Has corporation been actively in compliance for under 12 months? Florida Statutes: <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 24. Zip:                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 29. Zip:                                     |  | 8.                                                                                                                                             |  |
| 9. Name and Address of Current Registered Agent:                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                              |  | 10. Name and Address of New Registered Agent:                                                                                                  |  |
| BLANK, F. PHILIP<br>204 S. MONROE STREET<br>TALLAHASSEE FL 32301                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                              |  | B1. Name:<br>B2. Street Address (P.O. Box Number, Not Applicable):<br>B3. City:<br>B4. State:<br>B5. Zip Code:                                 |  |
| 11. Pursuant to the provisions of Sections 607.02(2) and 607.13(1)(b) Florida Statutes, the above named corporation submits the 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 responsibilities as defined in the Florida Statutes. |  |                                              |  |                                                                                                                                                |  |
| SIGNATURE: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                              |  |                                                                                                                                                |  |
| 12. OFFICERS AND DIRECTORS:                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                              |  |                                                                                                                                                |  |
| 13. ATTORNEY, COUNSEL, OR OFFICE REPRESENTATIVE:                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                              |  |                                                                                                                                                |  |
| 7000001471817<br>-05/02/95--01155--001<br>***\$800.00 ***\$200.00                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                              |  |                                                                                                                                                |  |

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON ONE SIDE

[illegible]