

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
Tallahassee, Florida 32399-0001

DOCUMENT # P94000075352 (2)

1. Corporation Name

GENERAL GAMING INDUSTRIES, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 17 PM 3:19

Principal Place of Business

1066 TWIN BRANCH LANE  
FT. LAUDERDALE FL 33326

Meeting Address

1066 TWIN BRANCH LANE  
FT. LAUDERDALE FL 33326

10/11/1994 10/11/1994

3. Date of Corporation's Last Report

10/11/1994

3a. Date of Last Report

4. FFI Number

65-0534505

Applies 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. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes

Yes No

2. Principal Place of Business

21. State, Apt. #, etc.

22. City & State

23. Zip

Country

2a. Meeting Address

26. State, Apt. #, etc.

27. City & State

28. Zip

Country

9. Name and Address of Current Registered Agent

PARDO, JEFFREY J  
8323 N.W. 12TH STREET  
SUITE 210  
MIAMI FL 33126

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 607.1501, 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 of Registered Agent

Signature of New Registered Agent

Date

12. OFFICERS AND DIRECTORS

| NAME                        | STREET ADDRESS        | CITY, ST, ZIP           |
|-----------------------------|-----------------------|-------------------------|
| D<br>RAPHAEL, CHRISTOPHER A | 1066 TWIN BRANCH LANE | FT. LAUDERDALE FL 33326 |
| NAME                        | STREET ADDRESS        | CITY, ST, ZIP           |
| NAME                        | STREET ADDRESS        | CITY, ST, ZIP           |
| NAME                        | STREET ADDRESS        | CITY, ST, ZIP           |
| NAME                        | STREET ADDRESS        | CITY, ST, ZIP           |
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| NAME                        | STREET ADDRESS        | CITY, ST, ZIP           |
| NAME                        | STREET ADDRESS        | CITY, ST, ZIP           |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1. TITLE                                                                                                             | 2. NAME                                                                                           | 3. STREET ADDRESS                                                               | 4. CITY, ST, ZIP                                     | Change | Addition |
|----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------|--------|----------|
| 2.1 TITLE <td>2.2 NAME<td>2.3 STREET ADDRESS<td>2.4 CITY, ST, ZIP<td>Change</td><td>Addition</td></td></td></td>     | 2.2 NAME <td>2.3 STREET ADDRESS<td>2.4 CITY, ST, ZIP<td>Change</td><td>Addition</td></td></td>    | 2.3 STREET ADDRESS <td>2.4 CITY, ST, ZIP<td>Change</td><td>Addition</td></td>   | 2.4 CITY, ST, ZIP <td>Change</td> <td>Addition</td>  | Change | Addition |
| 3.1 TITLE <td>3.2 NAME<td>3.3 STREET ADDRESS<td>3.4 CITY, ST, ZIP<td>Change</td><td>Addition</td></td></td></td>     | 3.2 NAME <td>3.3 STREET ADDRESS<td>3.4 CITY, ST, ZIP<td>Change</td><td>Addition</td></td></td>    | 3.3 STREET ADDRESS <td>3.4 CITY, ST, ZIP<td>Change</td><td>Addition</td></td>   | 3.4 CITY, ST, ZIP <td>Change</td> <td>Addition</td>  | Change | Addition |
| 4.1 TITLE <td>4.2 NAME<td>4.3 STREET ADDRESS<td>4.4 CITY, ST, ZIP<td>Change</td><td>Addition</td></td></td></td>     | 4.2 NAME <td>4.3 STREET ADDRESS<td>4.4 CITY, ST, ZIP<td>Change</td><td>Addition</td></td></td>    | 4.3 STREET ADDRESS <td>4.4 CITY, ST, ZIP<td>Change</td><td>Addition</td></td>   | 4.4 CITY, ST, ZIP <td>Change</td> <td>Addition</td>  | Change | Addition |
| 5.1 TITLE <td>5.2 NAME<td>5.3 STREET ADDRESS<td>5.4 CITY, ST, ZIP<td>Change</td><td>Addition</td></td></td></td>     | 5.2 NAME <td>5.3 STREET ADDRESS<td>5.4 CITY, ST, ZIP<td>Change</td><td>Addition</td></td></td>    | 5.3 STREET ADDRESS <td>5.4 CITY, ST, ZIP<td>Change</td><td>Addition</td></td>   | 5.4 CITY, ST, ZIP <td>Change</td> <td>Addition</td>  | Change | Addition |
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14. I hereby certify that the information supplied with this filing is voluntarily furnished and checked as to its accuracy for the exemption statement on Form D-100, Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and correct, and that my corporation shall have the same day effect as if made under oath. If I am an officer or director of this corporation or the receiver of this corporation, I am required to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of changes, or on an attachment with this report.

SIGNATURE:

SIGNATURE AND TYPE OR COLLORED IN NAME OF REGISTERED AGENT (SIGNATURE)

CHRISTOPHER A. RAPHAEL

2-14-95

3055840892