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Apr 29 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 # **P94000087074 (8)**

1. Corporation Name
ISLE OF CAPRI ASSOCIATES, INC.

Principal Place of Business	Mailing Address
350 ROYAL POINCIAUA WAY SUITE 3C PALM BEACH FL 33480	350 ROYAL POINCIAUA WAY SUITE 3C PALM BEACH FL 33480-4002

3. Date Incorporated or Qualified: 12/01/1994
3a. Date of Last Report: 08/23/1996

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: 65-0537961 ☐ Applied 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

9. Name and Address of Current Registered Agent

FIELDSTONE, LESTER & SHEAR
2601 S. BAYSHORE DRIVE
#1600
MIAMI FL 33131

10. Name and Address of New Registered Agent

81: MR. LINN D. HEATON
82: Street Address (P.O. Box Number is Not Acceptable): 350 ROYAL POINCIANA WAY
83: Suite 3C
84: City: PALM BEACH FL 85: Zip Code: 33480

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: Linn D. Heaton, Director — DATE: 4/21/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D.	☒ Change ☐ Addition
NAME	HEATON, LINN D		1.2 NAME	HEATON, LINN D.	
STREET ADDRESS	1040 BAYVIEW DR SUITE 520		1.3 STREET ADDRESS	350 Royal Poinciana Way, Suite 3C	
CITY-ST-ZIP	FT LAUDERDALE FL 33304		1.4 CITY-ST-ZIP	Palm Beach, FL 33480	
TITLE		☐ DELETE	2.1 TITLE	P/S/T/D	☐ Change ☒ Addition
NAME			2.2 NAME	HEATON, GEORGE W.	
STREET ADDRESS			2.3 STREET ADDRESS	350 Royal Poinciana Way, Suite 3C	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	Palm Beach, FL 33480	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: Linn D. Heaton Director — 4-16-97 — 561 832-4050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

034291