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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000014537 (1)**

1. Corporation Name

HIGHLANDER CASINO GAMING CONSULTANTS, INC.

Principal Place of Business	Mailing Address
8810 SOUTHERN ORCHARD ROAD S DAVIE FL 33328	P O BOX 291018 DAVIE FL 33329-1018

3. Date Incorporated or Qualified: 02/20/1995 | 3a. Date of Last Report:

2. Principal Place of Business
21: 8810 S. ORCHARD RD S.
22: Suite, Apt. #, etc.:
23: City & State: DAVIE FL
24: Zip: 33328 | 25: Country: USA

2a. Mailing Address
26: P.O. BOX 291018
27: Suite, Apt. #, etc.:
28: City & State: DAVIE FL
29: Zip: 33329-1018 | 30: Country: USA

4. FEI Number: 65-0575308 ☐ 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

RIVERO, MARY J
8910 MIRAMAR PKWY
SUITE 308
MIRAMAR FL 33025

10. Name and Address of New Registered Agent

81 Name: DAVID SLANE
82 Street Address (P.O. Box Number is Not Acceptable): 8810 SOUTHERN ORCHARD RD S.
83:
84 City: DAVIE FL 85 Zip Code: 33328

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: David Slane DAVID SLANE 3/2/96
Signature, typed or printed name of registered agent and date (if applicable) (NOTE: Registered Agent signature required if name is changed) Date

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT DAVID SLANE 8810 SOUTHERN ORCHARD RD S. DAVIE FL 33328	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT MICHELE SLANE 8810 SOUTHERN ORCHARD RD S. DAVIE FL 33328	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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 119.07(3)(k), 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: David Slane David Slane 3/2/96 305 476-6574
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)