PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # **P95000014537**1. Corporation Name

HIGHLANDER CASINO GAMING CONSULTANTS, INC.

Principal Plac	ce of Business	Mailing Address					•		•	
8810 Southern Orchard RD South Davie Fl 33328		DAVIE FL 33328	=							
US ·		US					DO NOT WRI	TE IN THIS	SPACE	
						1	Date Incorporated or Qualifed 02/20/1995		•	
2. Principal P	Place of Business	2a, Mailing Address					FEI Number		I A	pplied For
21		26				"	65-0575308		<del></del>	lot Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.				1	03 03/3000			Additional
22		27				5.	Certifcate of Status Desired			Required
City & Stat	te	City & State				6.	Election Campaign Financing	<b>D</b> R	\$5.00	May Be
23		28					Trust Fund Contribution	123	Added	I to Fees
Zip	Country	Zip	Cou	ıntry		8.	This corporation owes the curr	ent year Int	angible	•
24	25	29	30				Personal Property Tax.	•	∐Yes	<b>⊠</b> No
		of Current Registered Agent	11			10.	Name and Address of New F	Registered	Agent	
		The state of the s		81	Name				<u> </u>	
SLA	NE. DAVID						<u> </u>			
8810	O SOUTHERN ORCHARD	RD S		82	Street Addres	ss (P	O. Box Number is Not Accepta	able)	rar panelin	April New Yes
DAV	/IE FL 33328			83						
				84	City			FI	85 Zip	Code
44 Durenant	to the provisions of Section	s 607 0502 and 607 1508. Florida Sta	stutes the a	hove-r	named comor	ration	submite this statement for the	nurnose of	changing it	e registered
office or r	registered agent, or both, in	s 607.0502 and 607.1508, Florida Sta the State of Florida. Such change wa the obligations of, Section 607.0505,	s authorized	by th	e corporation	i's bo	ard of directors. I hereby accep	t the appoi	ntment as r	egistered '-
- agantil a	am familiar with; and accept	the obligations of, Section 607.0505.	Florida Stati		-					_
ayent ra		and the later of the same of t	,	utes.						
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SIGNATURE	Signature, typed or printed name of re	egistered agent and title if applicable. (N				when re		DATE	D DIRECT	ORS IN 12
SIGNATURE	Signature, typed or printed name of re	egistered agent and title if applicable. (N	OTE: Registered	l Agent si		when re	einstating) (150%) ADDITIONS/CHANGES TO OF	DATE		ORS IN 12
SIGNATURE	Signature, typed or printed name of re	egistered agent and title if applicable. (N	OTE: Registered	l Agent si		when re	einstating) 🐺 👯 🚉	DATE	D DIRECT	ORS IN 12
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14. I 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 open attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

Jan 26, 1999 8:00am

**Secretary of State** 

01-26-1999 90055 043 \*\*\*155.00