

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Apr 28 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000094094 (6)

1. Corporation Name
RAHN CASINO MANAGEMENT INC.



Principal Place of Business C/O RAHN PROPERTIES 1512 E. BROWARD BLVD., SUITE 301 FORT LAUDERDALE FL 33301	Mailing Address C/O RAHN PROPERTIES 1512 E. BROWARD BLVD., SUITE 301 FORT LAUDERDALE FL 33301-2180
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3. Date Incorporated or Qualified 12/12/1995	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 450 E. LAS OLAS BLVD. Suite, Apt. #, etc. 22 SUITE 700 City & State 23 FT. LAUDERDALE, FL Zip 24 33301	2a. Mailing Address 26 450 E. LAS OLAS BLVD. Suite, Apt. #, etc. 27 SUITE 700 City & State 28 FT. LAUDERDALE, FL Zip 29 33301
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4. FEI Number 65-0648482	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**STIRK, ROBERT J
C/O RAHN PROPERTIES
1512 E. BROWARD BLVD., SUITE 301
FORT LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

81 Name CAROL J. GARDINA	85 Zip Code 33301
82 Street Address (P.O. Box Number is Not Acceptable) 450 EAST LAS OLAS BLVD.	
83 SUITE 700	
84 City FT. LAUDERDALE	85 State FL

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 *Carol J. Gardina* **CAROL J. GARDINA, CONTROLLER** **4/17/97**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE PD	<input type="checkbox"/> DELETE
NAME ANDERSON, JOHN H	
STREET ADDRESS C/O 1512 E. BROWARD BLVD., SUITE 301	
CITY - ST - ZIP FORT LAUDERDALE FL 33301	
TITLE VD	<input type="checkbox"/> DELETE
NAME ROBERTS, PETER H	
STREET ADDRESS C/O 1512 E. BROWARD BLVD., SUITE 301	
CITY - ST - ZIP FORT LAUDERDALE FL 33301	
TITLE VT	<input type="checkbox"/> DELETE
NAME STIRK, ROBERT J	
STREET ADDRESS C/O 1512 E. BROWARD BLVD., SUITE 301	
CITY - ST - ZIP FORT LAUDERDALE FL 33301	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	450 E. LAS OLAS BLVD., SUITE 700
1.4 CITY - ST - ZIP	FT. LAUDERDALE, FL 33301
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	450 E. LAS OLAS BLVD., SUITE 700
2.4 CITY - ST - ZIP	FT. LAUDERDALE, FL 33301
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	450 E. LAS OLAS BLVD., SUITE 700
3.4 CITY - ST - ZIP	FT. LAUDERDALE, FL 33301
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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: *Robert J. Stirk* **ROBERT J. STIRK** **4-18-97** **954.524.5336**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)