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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29 1999 8:00 am
Secretary of State

DOCUMENT # P95000094094

1. Corporation Name
RAHN CASINO MANAGEMENT INC.

Principal Place of Business

450 E. LAS OLAS BLVD.
STE. 700
FORT LAUDERDALE FL 33301
US

Mailing Address

450 S. LAS OLAS BLVD
STE. 700
FORT LAUDERDALE FL 33301
US

2. Principal Place of Business

21 1050 Lee Wagener Boulevard
Suite, Apt. #, etc.

22 Suite 301
City & State

23 Ft. Lauderdale, FL
Zip Country

24 33315 25 USA

2a. Mailing Address

26 1050 Lee Wagener Boulevard
Suite, Apt. #, etc.

27 Suite 301
City & State

28 Ft. Lauderdale, FL
Zip Country

29 33315 30 USA

9. Name and Address of Current Registered Agent

GARDINA, CAROL J
450 EAST LAS OLAS BLVD
STE. 700
FORT LAUDERDALE FL 33301

81 Name

82 Lawrence N. Rosen
Street Address (P.O. Box Number is Not Acceptable)
2925 Aventura Boulevard

83 Suite 308

84 City
Aventura

FL 85 Zip Code
33180

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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

Lawrence N. Rosen

April 28, 1999

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when restating)

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ANDERSON, JOHN H
STREET ADDRESS 450 E. LAS OLAS BLVD., STE. 700
CITY-ST-ZIP FORT LAUDERDALE FL

DEDELETE

TITLE VD
NAME ROBERTS, PETER H
STREET ADDRESS 450 E. LAS OLAS BLVD., STE. 700
CITY-ST-ZIP FORT LAUDERDALE FL

DEDELETE

TITLE VT
NAME STIRK, ROBERT J
STREET ADDRESS 450 E. LAS OLAS BLVD., STE. 700
CITY-ST-ZIP FORT LAUDERDALE FL

DEDELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DEDELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DEDELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DEDELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE P ☐ Change ☒ Addition

12 NAME David Ross
13 STREET ADDRESS 6860 Lions Head Lane
14 CITY-ST-ZIP Boca Raton, Florida 33496

21 TITLE V/S/T ☐ Change ☒ Addition

22 NAME Jeffrey M. Levine
23 STREET ADDRESS 1050 Lee Wagener Boulevard, Suite 301
24 CITY-ST-ZIP Ft. Lauderdale, FL 33315

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS 900002866599--1
34 CITY-ST-ZIP -05/07/99--01030--017
41 TITLE ***1200.00 ***150.00

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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 on an attachment with an address, with all other like empowered

SIGNATURE:

David Ross

April 28, 1999 (561) 852-7100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (11/98)