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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000035433 (7)

CASINOS R US, INC.

Principal Place of Business Mailing Address

931 STATE ROAD 434 #172
ALTAMONTE SPRINGS FL 32714

Mailing Address

931 STATE ROAD 434 #172
ALTAMONTE SPRINGS FL 32714

FILED Apr 28 1998 8:00am Secretary of State



831 STATE ROAD 434 #172 ALTAMONTE SPRINGS FL 32714		931 STATE ROAD 434 #172 ALTAMONTE SPRINGS FL 32714				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/19/1996	
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For	
21		26				NOT APPLICABLE Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27			5. Certificate of Status Desired See Required Fee Required	
City & State		City & State	h '			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip 24	Country 26	Zip 29	Country 30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
9. Name and Address of Current Registered Agent					10, Name and Address of New Registered Agent		
AZAR, DOROTHY M				81 Name			
931 STATE ROAD 434 #172 ALTAMONTE SPRINGS FL 32714			ļ	82	Street	Address (P.O. Box Number is Not Acceptable)	
				83			
			ŀ	84	City	FL 85 Zip Code	
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 Signature typed or prefiled name of registered agent and title if applicable (NOTE: Registered Agent signature required when renstating) DATE							
12.		ND DIRECTORS	13.	nyar	- signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	DELETE	1.1 (1)	LE		☐ Change ☐ Addition	
NAME	AZAR, DOROTHY M		1.2 NAJ		l		
STREET ADDRESS 931 STATE ROAD 434 #172			1.3 STF	1.3 STREET ADDRESS			
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714			1.4 CITY - ST - ZIP			
TITLE			2.1 TITLE			☐ Change ☐ Addition	
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS		ADDRESS		
CITY-ST-ZIP				2. 4 CITY-ST-ZIP		·	
TITLE			3.1 TITLE			Change Addition	
NAME			3.2 NA				
STREET ADDRESS				3.3 STREET ADDRESS 3.4. CITY-ST-ZIP			
CITY-ST-ZIP TITLE	DELETE				I - ZIP	Change Addition	
	NAME		4.1 TITI 4.2 NA	4 2 NAME		T Average T Module)	
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP			4.4 CIT				
TITLE DELETE			5.1 TITLE		Change Addition		
NAME			5.2 NA)	ME			
STREET ADDRESS			5.3 STR	EET /	ADDRESS		
CITY-ST-ZIP			5.4 CIT	Y-SI	i - ZiP		
TITLE DE		☐ DELETE	6.1 TiTL	6.1 TITLE		Change Addition	
NAME			6.2 NA	ΜE			
STREET ADDRESS			6.3 STR	LEET A	ADDRESS		
CITY-ST-ZIP			6.4 CIT	Y-ST	I-ZIP		

4. 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 supplienced 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 of the required to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, often an attachment with An address.

CICNATURE.

CR2E034 (10/97