

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

FILED
Jun 03 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 # P96000067827 (1)
 1. Corporation Name
POMPANO PARK GAMING SCHOOL, INC.



Principal Place of Business C/O BECKER & POLIAKOFF 3111 STIRLING ROAD FORT LAUDERDALE FL 33312	Mailing Address C/O BECKER & POLIAKOFF 3111 STIRLING ROAD FORT LAUDERDALE FL 33312-6568
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2. Principal Place of Business 21	2a. Mailing Address 26
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3. Date Incorporated or Qualified 08/19/1996	3a. Date of Last Report
4. FEI Number 65-0709949	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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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 _____ (Signature, typed or printed name of registered agent and date if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	GREENBERG, MARTIN S	
STREET ADDRESS	1800 SOUTHWEST 3RD STREET	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOLDSTEIN, BERNARD	
STREET ADDRESS	1800 SOUTHWEST 3RD STREET	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	SOLOMON, ALLAN B	
STREET ADDRESS	1800 SOUTHWEST 3RD STREET	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SNELL, EDWARD (TED)	
STREET ADDRESS	1800 SOUTHWEST 3RD STREET	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	VOORIES, RICHARD	
STREET ADDRESS	1800 SOUTHWEST 3RD STREET	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Goldstein, Bernard	
1.3 STREET ADDRESS	1800 Southwest 3RD Street	
1.4 CITY-ST-ZIP	Pompano Beach, FL 33069	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Solomon, Allan B.	
2.3 STREET ADDRESS	1800 Southwest 3rd Street	
2.4 CITY-ST-ZIP	Pompano Beach, FL 33069	
3.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Snell, Edward (Ted)	
3.3 STREET ADDRESS	1800 Southwest 3rd Street	
3.4 CITY-ST-ZIP	Pompano Beach, FL 33069	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Galloway, John M.	
4.3 STREET ADDRESS	1800 Southwest 3rd Street	
4.4 CITY-ST-ZIP	Pompano Beach, FL 33069	
5.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Yeisley, Rexford	
5.3 STREET ADDRESS	1800 Southwest 3rd Street	
5.4 CITY-ST-ZIP	Pompano Beach, FL 33069	
6.1 TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Jenny, Kathleen	
6.3 STREET ADDRESS	1800 Southwest 3rd Street	
6.4 CITY-ST-ZIP	Pompano Beach, FL 33069	

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: *Kathleen Jenny* **Kathleen Jenny** *Sharon* **954-968-1210**

CR2E034 (9/96)