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May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000068542 (5)

1. Corporation Name

CAHILL'S U.S. CASINOS, INCORPORATED

Principal Place of Business

4014 GUNN HIGHWAY, SUITE 275
TAMPA FL 33624

Mailing Address

4014 GUNN HIGHWAY, SUITE 275
TAMPA FL 33624-4787



2. Principal Place of Business

21 2 N. Cascade Avenue

Suite, Apt. #, etc.

22 Suite 330

City & State

23 Colorado Springs, CO

Zip

24 80903

25 USA

2a. Mailing Address

26 2 N. Cascade Avenue

Suite, Apt. #, etc.

27 Suite 330

City & State

28 Colorado Springs, CO

Zip

29 80903

30 USA

3. Date Incorporated or Qualified

08/16/1996

3a. Date of Last Report

N/A

4. FEI Number

84-1354447

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

FITCH, GREGORY L
4014 GUNN HIGHWAY, SUITE 275
TAMPA FL 33624

10. Name and Address of New Registered Agent

81 Name

C T CORPORATION SYSTEM

82 Street Address (P.O. Box Number is Not Acceptable)

1200 S. Pine Island Road

83

84 City

Plantation

FL

85 Zip Code

33324

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

SEE ATTACHED CONSENT OF APPOINTMENT

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 D ☐ DELETE

NAME CAHILL, KENNETH M

STREET ADDRESS 2292 HIGHWAY 985
CITY-ST-ZIP NORTH LIBERTY IA 52317

TITLE D ☐ DELETE

NAME RENFROW, J. ROYCE

STREET ADDRESS 22 EMMONS ROAD
CITY-ST-ZIP MT. CRESTED BUTTE CO 81225

TITLE D ☐ DELETE

NAME HUMPAL, JAMES A

STREET ADDRESS 3807 WEING ROAD N.E.
CITY-ST-ZIP CEDAR RAPIDS IA 52402-2719

TITLE D ☒ DELETE

NAME WALTER, LOUIS

STREET ADDRESS 90210 NORTH REXFORD
CITY-ST-ZIP BEVERLY HILLS CA 90210

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

P:

Robert J. Swenson

2 N. Cascade, Ste. 330

Colorado Springs, CO 80903

S

J. Royce Renfrow

22 Emmons Road

Mt. Crested Butte, CO 81225

VP/T

James A. Humpal

3807 Weing Road N.E.

Cedar Rapids, IA 52402-2719

☐ Change ☒ Addition

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***165.00

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 in 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 or on an attachment with an address.

SIGNATURE

SIGNATURE REQUIRED

4/22/97

719/520-1800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR J. Royce Renfrow

Date

Daytime Phone #

CR2E034 (9/96)