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FLORIDA DEPARTMENT OF STATE

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May 05 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P9600068542 (5)

CAHILL'S U.S. CASINOS, INCORPORATED

Principal Place of Business 4014 GUNN HIGHWAY, SUITE 275 TAMPA FL 33624		Mailing Address	INTE OTE		lii daild sisal idiki allii bidia lizi (bb)
		4014 GUNN HIGHWAY, 8 TAMPA FL 33624-4787	UITE 2/3		
				3. Date Incorporated or Qualified 08/16/1996	1
. Principal PI	lace of Business	2a. Mailing Address		4. FEI Number	N/A Applied For
•	Cascade Avenue	26 2 N. Cascad	le Avenue	84-1354447	Not Applicab
Suite, Apt		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
Suite 330		27 Suite 330		6. Certificate of Status Desired	Fee Required
City & Stat∈		City & State		6. Election Campaign Financing	\$5.00 May Be
	ado Springs, CO	28 Colorado Sr		Trust Fund Contribution	Added to Fees
_{- 2ф}] 80903	Country 25 USA	Zip 29 80903	Country 30 USA	This corporation has liability for Florida Statutes	r intangibte tax under s. 199.032, Yes XX No
60903	25 USA 9. Name and Address of Curre		30 USA	10. Name and Address of New R	
FITC	H. GREGORY L	<u>.</u>	81 Name	······································	
	GUNN HIGHWAY, SUITE 275			C T CORPORATION SYSTEM	
TAMPA FL 33624			OZ Street A	Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road	
,, 411,			83		
			84 City		RE Zio Codo
			1	Plantation	FL 65 Zip Code 33324
1. Pursuant t	to the provisions of Sections 607.0	502 and 607.1508. Florida Stat	utes, the above-named	corporation submits this statement for the oration's board of directors. I hereby accoration's	purpose of changing its registere
Office or re	egistered agent, or both, in the Sta	te of Fiorida. Such change wa	s authorized by the corp	oration's board of directors. I hereby acce	ept the appointment as registered
agent. Lar	m familiar with, and accept the obl	igations of Section 607.0505,	Florida Statutes.		
IGNATURE	SEE ATTACHED CONS	ENT OF APPOINTME	INT OTE Registered Agent signature	required when reinstance)	DATE
IGNATURE	SEE ATTACHED CONS Signature, type-d or printed name of registered a OFFICERS A	ENT OF APPOINTME agont and title if applicable (N ND DIRECTORS	OTE Registered Agent signature 13.	required when reinstating) ADDITIONS/CHANGES TO OFFI	DATE ICERS AND DIRECTORS IN 12
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PRINTED NAME OF SIGNING OFFICER OR DIRECTOR J. ROYCE RETTOW

4/22/97

719/520-1800

Davime Phone #