

MP

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

FILED

Jun 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000085895 (6)

1. Corporation Name
FLORIDA GAMING CENTERS, INC.Principal Place of Business
**1750 SOUTH KINGS HIGHWAY
FT. PIERCE FL 33450**Mailing Address
**1750 SOUTH KINGS HIGHWAY
FT. PIERCE FL 33450**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/17/19964. FEI Number
65-0705893Applied For
Not Applicable5. 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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No2. Principal Place of Business
21 **3500 N.W. 37 Avenue**
Suite, Apt. #, etc.22 City & State
23 **Miami, Florida**
Zip Country
24 **33142** 252a. Mailing Address
26 **3500 N.W. 37 Avenue**
Suite, Apt. #, etc.27 City & State
28 **Miami, Florida**
Zip Country
29 **33142** 30

9. Name and Address of Current Registered Agent

Timothy L. Hensley
3500 N.W. 37 Avenue
Miami, Florida 33142

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 607.0509 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

Timothy L. Hensley

(Note: Registered Agent signature required when re-issuing)

5/21/98

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	COLLETT, W.B. SR.	
STREET ADDRESS	7329 MARSH TERRACE	
CITY-ST-ZIP	ST. LUCIE FL 34986	

TITLE	D	☐ DELETE
NAME	COLLETT, W.B. JR.	
STREET ADDRESS	7329 MARSH TERRACE	
CITY-ST-ZIP	ST. LUCIE FL 34986	

TITLE	D	☐ DELETE
NAME	HENSLEY, TIMOTHY L	
STREET ADDRESS	714 DENHAM LANE	
CITY-ST-ZIP	CHARLESTOWN IN 47111	

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	13005 S.W. 95 Avenue
3.4 CITY-ST-ZIP	Miami, FL 33176

4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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.

DEP-9158.25

CR2E034 (10/97)