Applied For

Fee Required \$5.00 May Be

Added to Fees

Not Applicable \$8.75 Additional

□No

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90162 040 \*\*\*150.00

DOCUMENT # P970( 1. Corporation Name GREATER ATLANTIC CASINOS,	INC.					
Principal Place of Business	Mailing Address	3				
1050 LEE WAGENER BLVD SUITE 303 FORT LAUDERDALE FL 33315	1050 LEE WAGE FORT LAUDERDA	NER BLVD., SUITE ALE FL 33315	303			DO NOT WRITE II
					3.	Date Incorporated or Qualifed 02/26/1997
2. Principal Place of Business	2a. Mailing Add	ress			4.	FEI Number
21	26					65-0735393
Suite, Apt. #, etc.	Suite, Apt. #	t, etc.			5.	Certifcate of Status Desired
	27					
City & State	City & State	!			6.	Election Campaign Financing
23	28				1_	Trust Fund Contribution
Zip Country	Zip	Cou	intry		8.	This corporation owes the current y
24 25	29	30				Personal Property Tax.
9. Name and Address of Cu	rrent Registered Agent				10.	. Name and Address of New Regis
RAHN, ERIC M 1050 LEE WAGENER BLVD., SUI FORT LAUDERDALE FL 33315	TE 303		81 82 83	Name Street Addr	ess (F	P.O. Box Number is Not Acceptable)

|--|

	DO NOT WRITE	IN	THIS	SPAC
3.	Date Incorporated or Qualifed			

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

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, Statutes, such change was suthorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. NAME  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. In the Company of the C			84	City	FL 85 Zip Code
Signature, typed or provined name of registered agent and title if appointable. (NOTE, Roppstered Agent agent agenture required when minintating)  2. OFFICERS AND DIRECTORS  TITLE PD	office or re	edistered agent, or both, in the State of Florida. Such change was auth	orized by	the corpora	ornoration submits this statement for the purpose of changing its registered
TILE POPULAL MARK A STREET ADDRESS OFFI LAUDERDALE FL 33315  TITLE ST CHANGE STREET ADDRESS OFFI LAUDERDALE FL 33315  CITY-ST-ZP FORT LAUDERDALE FL 33315  CITY	SIGNATURE	Streeture, board or protect page of registered agent and this if applicable (NOTF Re	aistered Ager	t signature regi	guired when reinstating) DATE
TITLE PD RAHN, ERIC M 12 NAME 12 NAME 13 STREET ADDRESS OFT. ST. ZP DELETE 2.1 TITLE 2.1 TITLE 1.1 TITLE 1		Significant, types of private figure of registrate agent and a special and	0		
TITLE STREET ADDRESS FORT LAUDERDALE FL 33315  TITLE ST	TITLE	PD DELETE	1.1 TITLE		☐ Change ☐ Addition
TITLE STREET ADDRESS FORT LAUDERDALE FL 33315  TITLE ST	NAME	RAHN, ERIC M	1.2 NAME		
FORT LAUDERDALE FL 33315  TITLE ST POPLAK, MARK A POPLAK, MARK A 1050 LEE WAGENER BLVD., SUITE 303 FORT LAUDERDALE FL 33315  14 CITY-ST-ZIP  DELETE 2.1 TITLE 2.2 MAME 2.2 MAME 2.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP TITLE NAME 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME 5TREET ADDRESS CITY-ST-ZIP TITLE NAME 5TREET ADDRESS CITY-ST-ZIP TITLE 1.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE 1.3 STREET ADDRESS CITY-ST-	STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·	1.3 STREET	ADDRESS	
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1050 LEE WAGENER BLVD., SUITE 303   2.3 STREET ADDRESS   2.4 CITY-ST-ZIP	TITLE	ST DELETE	2.1 TITLE		. Change Addition
1050 LEE WAGENER BLVD., SUITE 303   23 STREET ADDRESS   24 CITY-ST-ZIP	NAME	POPLAK, MARK A	2.2 NAME		
### CITY: ST-ZIP FORT LAUDERDALE FL 33315    1	STREET ADDRESS	1050 LEE WAGENER BLVD., SUITE 303	2.3 STREET	ADDRESS	
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STREET ADDRESS   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP	TITLE	DELETE	3.1 TITLE		☐ Change ☐ Addition
3.4 CITY-ST-ZIP	NAME		3.2 NAME		•
DELETE	STREET ADDRESS		3.3 STREE	ADDRESS	
NAME	CITY-ST-ZIP		3.4. CITY- S	T-ZIP	
### ### ##############################	TITLE	☐ DELETE	4.1 TITLE		Change Addition
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STREET ADDRESS  6.3 STREET ADDRESS  6.4 CITY- ST- 7IP	TITLE	☐ DELETE			Change
6.4 CITY-ST-ZIP	NAME				
UIY-SI-/P	STREET ADDRESS				
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	CITY-ST-ZIP			I	The state of the s

indicated on this annual report or supplied with this limit does not quality for the exemption stated in Section 1.19.07(3)(f), Florida Statutes. I turnler 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 p-turstee 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 one attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR