## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS Jul 22, 1999 8:00 am Secretary of State 07-22-1999 90002 031 \*\*\*150.00

**FILED** 

**DOCUMENT #** 

SIGNATURE:

P97000029050

GALAXY ENTERTAINMENT OF SOUTH FLORIDA, INC.

		., =		-	·												
Principal Place of Business Mailing Address										ו מינוס הוויסיו שנותם נוונם ווונתם וונתם וותחם וותחו אות ווחסו וותחו אות המסונתם ו							
•			1	1129 SAWGRASS CORPORATE PARKWAY													
1129 SAWGRASS CORPORATE PARKWAY SUNRISE FL 33323				SUNRISE FL 33323						DO NOT MOITE IN THE COACE							
<u> </u>										DO NOT WRITE IN THIS SPACE						٦	
									3.		e Incorporated or Qualified	,					
				A said Add						04/01/1997  4. FEI Number   Applied For							
2. Principal Place of Business				2a. Mailing Address												1	
21				Suite, Apt. #, etc.						65-0749994   Not Applicable   \$8.75 Additional						-	
Suite, Apt. #, etc.				27					5.	5. Certificate of Status Desired Fee Required							
City & State				City & State					6.	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees							
Zip Country				Zip Cou			intry		8.	8. This corporation owes the current year							
24	25			29 30						Intangible Personal Property. Yes X No					1		
9. Name and Address of Current			nt Regis	Registered Agent			81		10.	10. Name and Address of New Registered Agent						4	
FRIEDMAN, MARC								82 Street Addr			Idress (P.O. Box Number is Not Acceptable)						
1129 SAWGRASS CORPORATE PARK SUNRISE FL 33323				WAY				Olioci		ess (1.0. day rightfor is real neceptation)							
							83			FL 85 Zip Code							
							84	City							Code	1	
44 5		-i-as of asstians 607 066	)2 and 6	07 1509	Elorido Statuto	e the ab		named o	comoration :	uhm	nits this statement for the r			its red	aistered	1	
11. Pursuant office or r	to the provi registered a	sions of sections 607.050 gent, or both, in the Stat	ປ∡ and 6 e of Flor	ida. Suci	h change was a	authorize	d by	the corp	oration's bo	ard c	nits this statement for the p of directors. I hereby acce	pt the ap	pointment	as re	gistered		
agent. I a	ım familiar v	with, and accept the obliq	gations o	f, section	n 607.0505, Fk	orida Sta	tutes	•								1	
SIGNATURE .											otation)	DA7	<u> </u>			_ ا	
	Signature, types	or printed name of registered age				13.	ared Ag	ent signati	whe required whe		TIONS/CHANGES TO O			ECTO	RS IN 12	CR2E034 (5/99)	
12.	DTOD	OFFICERS A	אוט טואנ	CIONS		1.1 TI	71 =		<del></del>	1001	110107011111020 10 01		X ch		Addition	1 6	
TITLE PTSD					DELETE	1.1 1.1 1.1 1.2 NAI			Ch20	1 1	DRISTANO		7			72	
NAME ORISTANO, CHAD									MAG	^ ૬`	Jouth Cypre	55 (	love	C	rcle	Ì	
STREET ADDRESS 3050 N.W. 106TH AVE								ADDRESS	1500	) 	Tr 3335	• •	JU 1 C	_	_	12	
CITY-ST-ZIP		<u>E FL 33322</u>					1.4 CITY-ST-ZIP		LUVI	<u>~</u>	PL JJJOS		Xtcr		Addition	- 0	
TITLE	VD						1 0		1.000	. 1	DRISTANO			•	Addition	-	
NAME .	ORISTANO, LAURI						2.2 NAME		LHUK	Time could bulless could					ucue	7	
-STREET ADDRESS		W. 106TH AVE.	• -	المستدا شيورا أأبي			2.3 STREET ADDRESS		INIC	8	SOUTH CHE	درب					
CITY-ST-ZIP	SUNRISE FL 33322						2.4 CITY-ST-ZIP		LUVI	۲,	H 22793				- A L Fel	$\dashv$	
TITLE					DELETE					•	•			ange	Addition		
NAME						3.2 N			_								
STREET ADDRESS								ADDRESS	1							-	
CITY-ST-ZIP							ITY-ST	ZIP	<del> </del>		<del> </del>	_			<u> </u>	4	
TITLE					☐ DELETE	4.1 TI							∐ CH	nange	Addition		
NAME						4.2 N											
STREET ADDRESS						4.3 S1	TREET	ADDRESS									
CITY-ST-ZiP						4.4 C	TY-ST	-ZIP	<b></b>			_				4	
TITLE					DELETE	5.1 TI	TLE						∐ cr	nange	Addition		
NAME						5.2 N	AME										
STREET ADDRESS		•				5.3 \$1	TREET	ADDRESS									
CITY-ST-ZIP						5.4 C	ITY-ST	ZIP	ļ							4	
TITLE					DELETE	6.1 Ti	ITLE						∐ cı	nange	Addition	1	
NAME						6.2 N	AME										
STREET ADDRESS						6.3 S1	TREET	ADDRESS									
CITY-ST-ZIP							ITY-ST		1								
14 Lhereby ce	ertify that the	information supplied wit	h this fili	ng does	not qualify for t	he exem	ntion	stated i	п section 11	9.07(	(3)(i), Florida Statutes. I fu	irther cer	tify that the	e infor	mation	ĺ	
indicated c	an thie annu	at randiffor cumplements	il annual	remont is	true and accu	irate and	that	mv stan	ature shall i	าลงค	the same legal effect as chapter 607, Florida Statu	ır made t	inger gatri	, mai i	ı am		
in Block 12	2 or Block 1	3 if(changed, or on an at	tachmer	nt with ar	address.	1		p =		.,	, ,		•				

P97000029050 593275-90002-31 ly 14,1999 Separtment of State was told to send you the regarding this 200 Notice payment a received this notice because of the organal form + payment on this in your computer Checked to see if had obeared form. I will call the couple weeks Make sure you recure this one