

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

FILED
Aug 11, 1999 8:00 am
Secretary of State

08-11-1999 90006 036 ***550.00

DOCUMENT # P97000085284

1. Corporation Name

CONTESSA CRUISE AND CASINO, INC.



Principal Place of Business

1201 U.S. HIGHWAY 1
SUITE 35
NORTH PALM BEACH FL 33408
US

Mailing Address

1201 US HIGHWAY 1
SUITE 35
NORTH PALM BEACH FL 33408
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/02/1997

2. Principal Place of Business

21 **1201 U.S. HIGHWAY 1**

2a. Mailing Address

26 **1201 U.S. HIGHWAY 1**

4. FEI Number

65-0786001

Applied For

Not Applicable

Suite/Apt. #, etc.

22 **250**

Suite/Apt. #, etc.

27 **250**

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

23 **NORTH PALM BEACH FL**

City & State

28 **NORTH PALM BEACH FL**

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

24 **33408**

Country

25 **FL**

Zip

29 **33408**

Country

30 **FL**

8. This corporation owes the current year
Intangible Personal Property.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

KELLEY, ALLAN R
100 S.E. 2ND STREET
18TH FLOOR
MIAMI FL 33131

10. Name and Address of New Registered Agent

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 607.0502 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent sign)

12. OFFICERS AND DIRECTORS

TITLE **DYS** ☐ DELETE

NAME **MICHEL, STEVEN R.**

STREET ADDRESS **1031 EAST LYON STREET**

CITY-ST-ZIP **MILWAUKEE WI 53202**

TITLE **P** ☒ DELETE

NAME **POWERS, THOMAS J. I**

STREET ADDRESS **701. SEAFARER CIRCLE #504**

CITY-ST-ZIP **JUPITER FL 33477**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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.

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

DIRECTORS IN 12

Change ☐ Addition

202

Change ☒ Addition

202

Change ☐ Addition

202

Change ☐ Addition

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Change ☐ Addition

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Change ☐ Addition

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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.

SIGNATURE:

STEVEN R. MICHEL

Date

8-2-99

Daytime Phone #

501-626-5333

CR2E034 (5/99)

0072062