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May 05 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000091594 (6)**

1. Corporation Name

**THE NATIVE AMERICAN INDIAN ENTERTAINMENT CORPORATION OF FLORIDA**

Principal Place of Business

**730 HARNEY HEIGHTS ROAD  
GENEVA FL 32732**

Mailing Address

**730 HARNEY HEIGHTS ROAD  
GENEVA FL 32732**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/23/1997**

4. FEI Number

Applied For

☒ Not Applicable

5. 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 ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

**RHODEN, H.A. CHIEF  
730 HARNEY HEIGHTS ROAD  
GENEVA FL 32732**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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. 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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<b>STD</b>
NAME	<b>RHODEN, H.A.</b>	1.2 NAME	<b>Karen McMullen</b>
STREET ADDRESS	<b>730 HARNEY HEIGHTS ROAD</b>	1.3 STREET ADDRESS	<b>209 Palm Pl.</b>
CITY-ST-ZIP	<b>GENEVA FL 32732</b>	1.4 CITY-ST-ZIP	<b>Sanford, FL 32773</b>
TITLE	<b>VD</b>	2.1 TITLE	
NAME	<b>GUNTER, THOMAS</b>	2.2 NAME	
STREET ADDRESS	<b>5000 S.E. 30TH COURT</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OCALA FL 34480</b>	2.4 CITY-ST-ZIP	
TITLE	<b>STD</b>	3.1 TITLE	
NAME	<b>GILMARTIN, MELONE F</b>	3.2 NAME	
STREET ADDRESS	<b>3851 S. BRISSON AVENUE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SANFORD FL 32773</b>	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE

*H.A. Rhoden, Chief*

CR2E034 (10/97)