

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
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90093 049 ***150.00

DOCUMENT # P98000095062

1. Corporation Name

~~FLORIDA CASINO MARKETING, INC.~~

Casino Marketing International, Inc.



Principal Place of Business

Mailing Address

1050 LEE WAGNER BLVD. STE. 909
FT. LAUDERDALE FL 33315

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FT. LAUDERDALE FL 33315

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/06/1998

2. Principal Place of Business

2a. Mailing Address

21 700 S. Federal Hwy.

26 #200

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 Boca Raton

27 City & State
28 FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 Zip Country
33432 USA

29 Zip Country
30

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALVAREZ, RICHARD C
100 S.E. 2ND ST. STE. 4600
MIAMI FL 33131-1101

81 Name

William Forhan

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

700 S. Federal Highway

83 Suite 200

84 City

Boca Raton

FL

85 Zip Code
33432

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

4/19/99

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 P ☐ DELETE
NAME JONES, WILLIAM
STREET ADDRESS 7097 N.W. 78TH PLACE
CITY-ST-ZIP PARKLAND FL 33067

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

TITLE V ☒ DELETE
NAME FORNASIERO, SANDRO
STREET ADDRESS 1439 S. OCEAN BLVD. #118
CITY-ST-ZIP POMPANO BEACH FL 33062

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

TITLE D ☒ DELETE
NAME RODRIGUEZ, ROSIE
STREET ADDRESS 19351 N.W. 82ND CT.
CITY-ST-ZIP MIAMI FL 33015

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME HINCHLIFF, DENISE
STREET ADDRESS 2791 N.W. 107TH TERR.
CITY-ST-ZIP SUNRISE FL 33322

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

TITLE D ☒ DELETE
NAME AUGUSTYN, SANDY
STREET ADDRESS 5511 S.W. 162ND AVE.
CITY-ST-ZIP FT. LAUDERDALE FL 33331

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SANDY AUGUSTYN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRES Sandy Augustyn 4/15/99 888-752-9629

Date

Daytime Phone #

CR02034 (11/98)