

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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90025 012 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V43209
 1. Corporation Name
OSCEOLA DOWNS, INC.

Principal Place of Business 1790 KING HENRY DRIVE KISSIMMEE FL 34744-6414	Mailing Address 1790 KING HENRY DRIVE KISSIMMEE FL 34744-6414
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <u>501 East Oak Street</u> Suite, Apt. #, etc. 22 <u>Suite A</u> City & State 23 <u>Kissimmee, Florida</u> Zip 24 <u>34744</u>	2a. Mailing Address 26 <u>501 East Oak Street</u> Suite, Apt. #, etc. 27 <u>Suite A</u> City & State 28 <u>Kissimmee, Florida</u> Zip 29 <u>34744</u>	Country 25 <u>US</u> Country 30 <u>US</u>
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3. Date Incorporated or Qualified 06/12/1992	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
4. FEI Number 59-3168179	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
GINTHER, THOMAS A
 1790 KING HENRY DRIVE
 KISSIMMEE FL 34744-6414

10. Name and Address of New Registered Agent

81 Name <u>GINTHER, Thomas A</u>
82 Street Address (P.O. Box Number is Not Acceptable) <u>501 East Oak Street</u>
83 <u>Suite A</u>
84 City <u>Kissimmee, FL</u>
85 Zip Code <u>34744</u>

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 Thomas A. Ginther (NOTE: Registered Agent signature required when reinstating) DATE 4-23/99

12. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> DELETE
NAME	BROWN, JERRY LEE	
STREET ADDRESS	2244 HAM BROWN RD	
CITY-ST-ZIP	KISSIMMEE FL 34744-6414	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BROWN, JACQUELINE ANN	
STREET ADDRESS	2244 HAM BROWN RD	
CITY-ST-ZIP	KISSIMMEE FL 34744-6414	
TITLE	P	<input type="checkbox"/> DELETE
NAME	RAMSEY, GRANVILLE R.	
STREET ADDRESS	853 SAN JOSE COURT	
CITY-ST-ZIP	KISSIMMEE FL 34758	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GINTHER, THOMAS ALLAN	
STREET ADDRESS	1790 KING HENRY DRIVE	
CITY-ST-ZIP	KISSIMMEE FL 34744-6414	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Thomas A. Ginther DATE: 4-23/99 (407) DAYTIME PHONE #: 935-1910

CR2E034 (11/98)