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95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V63509** **(6)**

1. Corporation Name
RIVIERA RESORT & MARINA, INC.

Principal Place of Business	Mailing Address
2760 BOTTS LANDING RD DELAND FL 32720	2760 BOTTS LANDING RD DELAND FL 32720 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/14/1992**
3a. Date of Last Report: **07/26/1994**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) County (25)

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) County (30)

4. FEI Number: **59-3149407** ☐ 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 has liability for intangible tax under C. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

~~BERGMAN, ISAAC~~
~~2760 BOTTS LANDING RD~~
~~DELAND FL 32720~~

10. Name and Address of New Registered Agent

81 Name: ROBERT G. JONES
82 Street Address (P.O. Box Number is Not Acceptable): ~~902 NAVEL ORANGE DR~~
83
84 City: ORANGE CITY, FL 85 Zip Code: 32763

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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] 5/1/95
Signature, type(s) and 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	~~PD~~	11 TITLE	PD ☒ Change ☐ Addition
NAME	~~GHIMONONI, MIKE~~	12 NAME	
STREET ADDRESS	~~5110 BAYOU GRANDE~~	13 STREET ADDRESS	ROBERT G. JONES
CITY-ST-ZIP	~~ST PETERSBURG FL~~	14 CITY-ST-ZIP	902 NAVEL ORANGE DRIVE ~~ORANGE CITY, FL 32763~~
TITLE	~~VCT~~	21 TITLE	☒ Change ☐ Addition
NAME	~~BERMAN, ISAAC~~	22 NAME	SD
STREET ADDRESS	~~2760 BOTTS LANDING RD~~	23 STREET ADDRESS	BEVERLY JONES
CITY-ST-ZIP	~~DELAND FL~~	24 CITY-ST-ZIP	902 NAVEL ORANGE DR ORANGE CITY, FL 32763
TITLE	~~D~~	31 TITLE	☐ Change ☐ Addition
NAME	~~BERMAN, ISAAC~~	32 NAME	
STREET ADDRESS	~~2760 BOTTS LANDING RD~~	33 STREET ADDRESS	
CITY-ST-ZIP	~~DELAND FL~~	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: [signature] 4/26/95 904-775-1819
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Robert G. Jones

0036664 CP