

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 PM 3:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 178834 (8)  
1. Corporation Name  
VOLUSIA JAI-ALAI INC

Principal Place of Business Mailing Address  
1800 VOLUSIA AVENUE 1800 VOLUSIA AVENUE  
P.O. BOX 2630 P.O. BOX 2630  
DAYTONA BCH. FL 32114-1218 DAYTONA BCH. FL 32114-1218

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/21/1954 3a. Date of Last Report 05/01/1994  
4. FEI Number 22-1633473 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 S. 190.030, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc 26 Suite, Apt. #, etc  
22 City & State 27 City & State  
23 Zip 29 Zip  
24 Country 30 Country

9. Name and Address of Current Registered Agent  
OLSEN, HARRY J.  
1900 VOLUSIA AVE.  
DAYTONA BCH. FL 32114

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: Related to personal history of registered agent and the filer/signer. (MUST) Registered Agent signature required when registering.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLSEN, HARRY J.	1.2 NAME	
STREET ADDRESS	1900 VOLUSIA AVE.	1.3 STREET ADDRESS	
CITY ST ZIP	DAYTONA BCH. FL	1.4 CITY ST ZIP	
TITLE	VPS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAMBERS, DAVID J.G.	2.2 NAME	
STREET ADDRESS	164 FRUITWOOD TERR.	2.3 STREET ADDRESS	
CITY ST ZIP	WILLIAMSVILLE NY	2.4 CITY ST ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BISSETT, WILLIAM J	3.2 NAME	
STREET ADDRESS	45 CLEARFIELD	3.3 STREET ADDRESS	
CITY ST ZIP	WILLIAMSVILLE NY	3.4 CITY ST ZIP	
TITLE	CD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULTEMEIER, RONALD	4.2 NAME	
STREET ADDRESS	438 MAIN ST	4.3 STREET ADDRESS	
CITY ST ZIP	BUFFALO NY	4.4 CITY ST ZIP	
TITLE	SD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPEARS, DIANE C	5.2 NAME	
STREET ADDRESS	438 MAIN ST	5.3 STREET ADDRESS	
CITY ST ZIP	BUFFALO NY	5.4 CITY ST ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

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)(b), Florida Statutes. I further certify that the information submitted 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: *DIANE C. SPEARS* DIANE C. SPEARS 4/28/95 (716) 858-5000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR