

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

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 178834 (8)

1. Corporation Name
VOLUSIA JAI-ALAI, INC.

Principal Place of Business 438 MAIN ST. BUFFALO NY 14202	Mailing Address 438 MAIN ST. BUFFALO NY 14202
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/21/1954	
21		26		4. FEI Number 22-1633473	
Suite, Apt #, etc.		Suite, Apt #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		
Zip		Zip			
Country		Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLSEN, HARRY J.	1.2 NAME	
STREET ADDRESS	438 MAIN ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BUFFALO NY 14202	1.4 CITY-ST-ZIP	
TITLE	VPS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAMBERS, DAVID J.G.	2.2 NAME	
STREET ADDRESS	438 MAIN ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BUFFALO NY 14202	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BISSETT, WILLIAM J	3.2 NAME	
STREET ADDRESS	438 MAIN ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BUFFALO NY 14202	3.4 CITY-ST-ZIP	
TITLE	COBD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULTEMEIER, RONALD A	4.2 NAME	
STREET ADDRESS	438 MAIN ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BUFFALO NY 14202	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	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	PTD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLSEN, HARRY	6.2 NAME	
STREET ADDRESS	438 MAIN ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	BUFFALO NY 14202	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)(j), 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 attachment with an address.

SIGNATURE _____

CR2E034 (10/97)