FILED

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F98000001603

1. Corporation Name

CONCORDE GAMING CORPORATION

Principal Place of Business Mailing Address					
3290 LIEN STREET 3290 LIEN STREET					
RAPID CITY SD	1 57/02	RAPID CITY SD 57702		DO NOT WRITE IN THE	IS SPACE
				3. Date Incorporated or Qualifed	-
				03/20/1998	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		84-0716683	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22		27		g, contracts of childs become	Fee Required
City & State	е	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Žip	Country	8. This corporation owes the current year I	ntangible □Yes □No i
24	25		30	Personal Property Tax. 10. Name and Address of New Registere	
	9. Name and Address of Curre	ent Registered Agent	81 Name	18. Haine and Address of Non Registere	<u> </u>
GUN	ISTER, YOAKLEY, ET AL				
ONE BISCAYNE TOWER		82 Street Addr	ress (P.O. Box Number is Not Acceptable)		
2 \$0	OUTH BISCAYNE BLVD., SUITE	3400	83		
MIA	MI FL 33131-1897				
			84 City	F	85 Zip Code
11 Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statute	es, the above-named corp	poration submits this statement for the purpose	of changing its registered
office or r	registered agent, or both, in the Stat im familiar with, and accept the oblig	te of Florida. Such change was au	uthorized by the corporation	on's board of directors. I hereby accept the app	ointment as registered
~	m ramiliar with, and accept the obig	Jalions of, Section 607.0000, 1 for	ida Giatatos.		,
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable. (NOTE:	Registered Agent signature require	ed when reinstating) DATE	
12.	OFFICERS A	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BAUM, JERRY L		1.2 NAME		
STREET ADDRESS	3290 LIEN STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	RAPID CITY SD 57702		1.4 CITY-ST-ZIP		
TITLE	VS	☐ DELETE	2.1 TITLE		Change Addition
NAME	NELSON, GEORGE J		2.2 NAME		
STREET ADDRESS	3290 LIEN STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	RAPID CITY SD 57702		2. 4 CITY-ST-ZIP		Channe C Addition
TITLE	T COLOR DAVID	X DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CRABB, DAVID L		3.2 NAME		
STREET ADDRESS	3290 LIEN STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	RAPID CITY SD 57702	□ DELETE	3.4. CITY-ST-ZIP	······································	☐ Change ☐ Addition
TITLE	CD DELICE II	☐ DELETE	4.1 TITLE		☐ Cilarige ☐ Addison
NAME	LIEN, BRUCE H		4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	RAPID CITY SD 57702	DELETE	4.4 CITY-ST-ZIP		Change Addition
TITLE	D	ר"ו הברבוב	5.1 TITLE		Chapage C Mediden
NAME	LIEN, DEANNA B 3290 LIEN STREET		■ 5.2 NAME		_
STREET ADDRESS	1 3290 LIEN STREET		5.2 NAME		
CITY-ST-ZIP			5.3 STREET ADDRESS		
	RAPID CITY SD 57702	□ DELETE	5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		□ Change □ Addition
TITLE NAME		☐ DELETE	5.3 STREET ADDRESS		☐ Change ☐ Addition

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR