

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

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**95 MAY -1 PM 3: 27**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**600001478346  
-05/08/95--01025--013  
\*\*\*\*200.00 \*\*\*\*200.00**

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT #94-000041632  
1. Corporation Name  
**CASINET CONCEPTS OF SW FLORIDA, INC.**

Principal Place of Business Mailing Address  
**1544 MARKET CIRCLE  
BUILDING 10  
PORT CHARLOTTE, FLORIDA 33953**

**1544 MARKET CIRCLE  
BUILDING 10  
PORT CHARLOTTE, FLORIDA 33953**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt #, etc 26 Suite, Apt #, etc  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 29 Country

3. Date Incorporated or Qualified 3a. Date of Last Report  
**JUNE 3, 1994**

4. FEI Number Applied For  
**65-0495921** 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 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**DANIEL J. BOTTS  
1544 MARKET CIRCLE  
BUILDING 10  
PORT CHARLOTTE, FLORIDA 33953**

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

I, 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) \_\_\_\_\_ (Date)

12. OFFICERS AND DIRECTORS

TITLE: P/D  
NAME: DANIEL J. BOTTS  
STREET ADDRESS: 1544 MARKET CIRCLE, BUILDING 10  
CITY ST ZIP: PORT CHARLOTTE, FLORIDA 33953

TITLE: S/T/D  
NAME: MICHELE R. BOTTS  
STREET ADDRESS: 1544 MARKET CIRCLE, BUILDING 10  
CITY ST ZIP: PORT CHARLOTTE, FLORIDA 33953

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  Change  Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY ST ZIP

21 TITLE  Change  Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY ST ZIP

31 TITLE  Change  Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY ST ZIP

41 TITLE  Change  Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY ST ZIP

51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY ST ZIP

61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 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 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR  
**DANIEL J. BOTTS PRESIDENT**

4/27/95 803-624-5070  
*[Signature]*