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May 05 1997 8:00am
Secretary of State



PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # P96000068542 (5)

1. Corporation Name
CAHILL'S U.S. CASINOS, INCORPORATED



Principal Place of Business Mailing Address
4014 GUNN HIGHWAY, SUITE 275 TAMPA FL 33624 **4014 GUNN HIGHWAY, SUITE 275 TAMPA FL 33624-4787**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	2 N. Cascade Avenue	26	2 N. Cascade Avenue	08/16/1996	N/A
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22 Suite 330		27 Suite 330		84-1354447	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Colorado Springs, CO		28 Colorado Springs, CO		<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	
24 80903	25 USA	29 80903	30 USA	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
FITCH, GREGORY L 4014 GUNN HIGHWAY, SUITE 275 TAMPA FL 33624				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FITCH, GREGORY L 4014 GUNN HIGHWAY, SUITE 275 TAMPA FL 33624				81 Name	C T CORPORATION SYSTEM		
				82 Street Address (P.O. Box Number is Not Acceptable)	1200 S. Pine Island Road		
				83			
				84 City	Plantation	85 FL	Zip Code 33324

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: **SEE ATTACHED CONSENT OF APPOINTMENT** DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	P; <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAHILL, KENNETH M	1.2 NAME	Robert J. Swenson
STREET ADDRESS	2292 HIGHWAY 985	1.3 STREET ADDRESS	2 N. Cascade, Ste. 330
CITY-ST-ZIP	NORTH LIBERTY IA 52317	1.4 CITY-ST-ZIP	Colorado Springs, CO 80903
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RENFROW, J. ROYCE	2.2 NAME	J. Royce Renfrow
STREET ADDRESS	22 EMMONS ROAD	2.3 STREET ADDRESS	22 Emmons Road
CITY-ST-ZIP	MT. CRESTED BUTTE CO 81225	2.4 CITY-ST-ZIP	Mt. Crested Butte, CO 81225
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	VP/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUMPAL, JAMES A	3.2 NAME	James A. Humpal
STREET ADDRESS	3807 WEING ROAD N.E.	3.3 STREET ADDRESS	3807 Weing Road N.E.
CITY-ST-ZIP	CEDAR RAPIDS IA 52402-2719	3.4 CITY-ST-ZIP	Cedar Rapids, IA 52402-2719
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTER, LOUIS	4.2 NAME	
STREET ADDRESS	90210 NORTH REXFORD	4.3 STREET ADDRESS	
CITY-ST-ZIP	BEVERLY HILLS CA 90210	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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 of this report, or on an attachment with an address.

SIGNATURE: **SIGNATURE REQUIRED** 4/22/97 719/520-1800
Signature and typed or printed name of signing officer or director Date Daytime Phone #
J. Royce Renfrow

CR2E034 (9/96)