## May 03, 1999 8:00 am Secretary of State

05-03-1999 90077 019 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

i. Corporation	MENT # P97000 ARK BINGO INC.	004029										
Principal Place of Business 1091 MAIN STREET AVON PARK FL 33831		Mailing Address 3223 NO LOCKWOOD RIDGE ROAD LOT 198 SARASOTA FL 34234-6540				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed 01/09/1997						
2. Principal Pl	ace of Business	2a. Mailing Address					4. FEI Number			<u> </u> _		lied For
21		26					<u>65-0705455</u>					Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certifcate of Statu	Desired			75 Ac ee Req	dditional juired
City & State	3	City & State					6. Election Campaigr	Financing		• -	i.00 ⊾	
23		28					Trust Fund Contrib	ution		Ad	ded to	Fees
Zip	Country	Zip		intry			8. This corporation of		ent year Inta	angible Ye:⊡		□No
24	25		30				Personal Property  0. Name and Addre		Panietored A		• L	
	9. Name and Address of Curren	t Registered Agent		81	Name	•	U. Italile allo Addre	35 01 14044 1	togistorou :	·gom		
3223	ZOW, HERMAN I NO LOCKWOOD RIDGE ROAD ASOTA FL 34234-6540	LOT 198		82 83 84	Street	Address	(P.O. Box Number is	Not Accepta	able)	85	Zip Co	ode
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State on familiar with, and accept the obligat	of Florida. Silich chanda was a	utobozea	יטוז ר	TOPE COLD	corporat oration's	ion submits this state board of directors. I h	ment for the ereby accep	purpose of	changi ntment	ng its n as regi	egistered istered
SIGNATURE		(NOTE	Danietere	Acor	of eigneture	required who	en reinstating)		DATE			
12.	Signature, typed or printed name of registered agen OFFICERS AN		13.	Ager	ii signature	10QUIOG WIN	ADDITIONS/CHAN	GES TO OF		D DIR	ECTOF	RS IN 12
TILE	DPS	☐ DELETE	1.1 11	TLE		T				□ C+	ange	Addition
NAME	PINTZOW, HERMAN		1.2 N	AME								
STREET ADDRESS	3223 N. LOCKWOOD RIDGE RI	D., LOT 198	1.3 S	TREET	TADORESS							
CITY-ST-ZIP	SARASOTA FL 34234		1.4 C	ITY-\$	T- ŻIP	l						
TITLE		☐ DELETE	2.1 Π	TLE						Ch	ange	Addition
NAME			2.2 N	AME		1						
STREET ADDRESS			2.3 S	TREE	TADDRESS	:						
CITY-ST-ZIP					T-ZIP	ļ <u>.</u>					<del></del> _	
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NAME			3.2 N									
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NAME				IAME		.]						
STREET ADDRESS			ı		TADDRESS	1						
CITY-ST-ZIP			4.4 C	ITY-S	1-44	<del> </del>						

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)(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 affachment with an address, with all other like empowered.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP



☐ DELETE

☐ DELETE

☐ Change

☐ Change

☐ Addition

Addition