

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

FILED

Feb 21 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 # 518272 (0)
1. Corporation Name
BINGO MASTER MANUFACTURING AND DISTRIBUTING, INC



Principal Place of Business
1054 KAPP DR.
CLEARWATER FL 34625

Mailing Address
1054 KAPP DR.
CLEARWATER FL 34625-2111

3. Date Incorporated or Qualified 11/10/1976
3a. Date of Last Report 06/17/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 111 Pine Avenue		26 111 Pine Ave.		59-1701337		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22 Suite D		27 Suite D		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No MD	
23 OLDSMAR, FL.		28 OLDSMAR, FL.					
Zip	Country	Zip	Country				
24 34677	25 Pinellas	29 34677	30 Pinellas				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ROBINSON, LAWRENCE W 1054 KAPP DR. CLEARWATER FL 34625				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				111 Pine Avenue			
				83 Suite D			
				84 City			
				OLDSMAR			
				FL			
				85 Zip Code			
				34677			

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: LAWRENCE ROBINSON, Pres
Signature typed or printed name of registered agent and title if applicable.
(NOTE: Registered Agent signature required when reinstating)
DATE: 2-17-97

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ROBINSON, LAWRENCE W			1.2 NAME			
STREET ADDRESS	158 OLD OAK CIRCLE			1.3 STREET ADDRESS			
CITY - ST - ZIP	PALM HARBOR FL			1.4 CITY - ST - ZIP			
TITLE	STD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ROBINSON, GLENDA			2.2 NAME			
STREET ADDRESS	158 OLD OAK CIRCLE			2.3 STREET ADDRESS			
CITY - ST - ZIP	PALM HARBOR FL			2.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY - ST - ZIP				3.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY - ST - ZIP				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 if changed, or on an attachment with an address.

SIGNATURE: LAWRENCE ROBINSON, President
Signature typed or printed name of signing officer or director
Date: 2/17/97
Daytime Phone #: 813-818-0420

CP2E034 (9/96)