

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 JAN 16 PM 3:51



1. Name of Limited Partnership
CHARITABLE LEASING OF PALM HARBOR, LTD.

1a. DOCUMENT #
A32226

Mailing Address 1054 KAPP DRIVE CLEARWATER FL 34525	Principal Office Address 1054 KAPP DRIVE CLEARWATER FL 34525	3. Date Formed or Registered 11/06/1991	5a. Capital Contributions as Shown on record \$350,000.00
2. Mailing Address 111 PINE AVE #D	2a. Principal Office Address 111 PINE AVENUE #D	3a. Date of Last Report 01/05/1996	5b. Amount of Capital Contributions in FLORIDA to date: 0
City & State OLDSMAR, FLORIDA	City & State OLDSMAR, FL	4. State or Country of Formation FL	6. FEI Number 59-3091947 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 34677	Country Pinellas	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent RISTORCELLI, PETER 8240 ULMERTON ROAD LARGO FL 34841	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
BINGO MASTER, INC.	1054 KAPP DRIVE	CLEARWATER FL	H43423
			400002065644--9 -01/23/97--01015--011 ****156.25 ****156.25
			New Fees KWM

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *Lawrence Robinson* DATE **1-13-97**
Typed or Printed Name of General Partner Signing Form: **LAWRENCE ROBINSON** Daytime Telephone Number **813-818-0420**

CR2E003 (6/96)