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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9500003626 (7)

BINGO CARD MINDER CORP.

FILED May 14 1997 8:00am Secretary of State



P.O. BOX 29 GLENBROOK NV 8 2. Principal Place 21 295 H Suite, Apt. #, 6 22 Ste. City & State 23 5 4 A		P.O. BOX 29 GLENBROOK NV 89413-0029)				
21 295 H Suite, Apt. #, 6 22 Ste. City & State	e of Business						
21 295 H Suite, Apt. #, 6 22 Ste. City & State	e of Business				3. Date Incorporated or Qualified 07/27/1995	3a. Date o	f Last Report 1996
Suite, Apt. #, e 22 Ste. City & State		2a. Mailing Address			4. FEI Number		Applied For
22 Ste. City & State	tiahury 50	26 P.O. BOX 32	256		51-0237423		Not Applica
City & State	20	Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$	8.75 Additional
23 STA	teline NV	City & State 28 State	he,	NV	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip 24 8 4 4 4	Country 19 25 USA		Countr	A	This corporation has liability for Florida Statutes	intangible tax Yes M	
	9. Name and Address of Current i	Registered Agent			10. Name and Address of New R	egistered Age	nt
CTCC	ORPORATION SYSTEM		81	Name			
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				82 Street Address (P.O. Box Number is Not Acceptable)			
PONT	AHON I C 00024		83	ţ			
				-			
45.			84	City		F1 85	Zip Code
office or regis	he provisions of Sections 607.0502 a stered agent, or both, in the State of amiliar with, and accept the obligation	f Florida. Such change was au	thorized b	y the corp	corporation submits this statement for the poration's board of directors. I hereby acceptation's	purpose of cha pt the appointr	nging its register nent as registere
SIGNATURE Sign	nalure, typed or printed name of registered agent	and title it applicable (NOTE:	Flogistered Ag	ent signature	required when reinstating)	DATE	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIE	ECTORS IN 12
TITLE P	PSC	DELETE	1.1 HILE		Chairman		Change 🔲 Addi
NAME N	IOVOTNY, GERALD R		1.2 NAME		Novotny, Gerald	K.	0.5
STREET ADDRESS 3	110 DORLA COURT, SUITE 101		1.3 STREE	ADDRESS	295 Highway 5	D Ster	. 20
CITY-ST-ZIP Z	EPHYR COVE NV 89448		1.4 DOY-1	ST-ZIP	245 Highway S State line, NV &	9449	
TITLE		DELETE	2.1 TITLE		President		Change X Addi
NAME			2.2 NAME		Novotny, Keith	A	
STREET ADDRESS			2.3 STREE	ALIDRESS	295 Highway 50		a.c
CITY-ST-ZIP			2 4 CHY-	\$1- <i>ZIP</i>	Stateline All	8944	Šγ.
TITLE		DELETE	3 1 11116				Change 🔼 Addi
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS)		
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NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	ADDRESS .	{		
CITY-ST-ZIP			4.4 DiTY-	SI - 71P			
TITLE		☐ DELETE	5.1 TITLE				Change 🔲 Addi
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STREET ADORESS			5.3 STREE	ADDRESS			
CITY-ST-ZIP			5.4 CITY-	S1 - ZIP			
TITLE		DELETE	61 INLE		· — - 		Change 🔲 Addi
NAME			6.2 NAME				
ı			6.3 STREE	ADDRESS			
STREET ADDRESS			6.4 City-3		F		

I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change or on an attachment with an address.