

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 19 PM 4:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K03974** (8)
1. Corporation Name
PARLAY ENTERPRISES INC.

Principal Place of Business Mailing Address
% STEVEN BLANE ESQUINALDO
608 WHITEHEAD ST
KEY WEST FL 33040

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/25/1987** 3a. Date of Last Report **04/19/1994**
4. FEI Number **65-0026637** Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees
7. This corporation has liability for intangible tax under S. 109.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 **MR. DON BOICO**
Suite, Apt. #, etc. 26 **11 HASSAU ROAD**
22 **11 HASSAU ROAD**
City & State 27 **GREAT NECK, N.Y.**
23 **GREAT NECK, N.Y.**
Zip 24 **11021** Country 25 **U.S.A.**

8. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
ESQUINALDO, STEVEN BLANE
608 WHITEHEAD ST
KEY WEST FL 33040
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DO	1.1 TITLE	☐ Change ☐ Addition
NAME	BOICO, DONALD	1.2 NAME	
STREET ADDRESS	78 WASHINGTON STR	1.3 STREET ADDRESS	
CITY, ST, ZIP	HOBOKEN NJ	1.4 CITY, ST, ZIP	
TITLE	DO	2.1 TITLE	☐ Change ☐ Addition
NAME	KONO, CARL	2.2 NAME	
STREET ADDRESS	78 WASHINGTON STR	2.3 STREET ADDRESS	
CITY, ST, ZIP	HOBOKEN NJ	2.4 CITY, ST, ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	KONO, JEAN	3.2 NAME	
STREET ADDRESS	78 WASHINGTON STR	3.3 STREET ADDRESS	
CITY, ST, ZIP	HOBOKEN NJ	3.4 CITY, ST, ZIP	
TITLE	Y	4.1 TITLE	☐ Change ☐ Addition
NAME	BOICO, HONEY	4.2 NAME	
STREET ADDRESS	78 WASHINGTON STR	4.3 STREET ADDRESS	
CITY, ST, ZIP	HOBOKEN NJ	4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 in a statement attached to this report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/95 201 795-5180
Date Printed Name