FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

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	% DON BOICO 11 NASSAU RD GREAT NECK NY 11021 US

3. Date Incorporated or Qualified: 11/25/1987
3a. Date of Last Report: 04/19/1995

2. Principal Place of Business	2a. Mailing Address
21	26 MR DONALD BOICO
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 11 NASSAU ROAD
City & State 23	City & State 28 GREAT NECK, NY
Zip 24 Country 25	Zip 29 11021 Country 30 USA

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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ESQUINALDO, STEVEN BLANE
608 WHITEHEAD ST
KEY WEST FL 33040

10. Name and Address of New Registered Agent

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 ____________ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DV ☐ DELETE	1.1 TITLE ☐ Change ☐ Addition
NAME	BOICO, DONALD	1.2 NAME
STREET ADDRESS	76 WASHINGTON STR	1.3 STREET ADDRESS
CITY-ST-ZIP	HOBOKEN NJ	1.4 CITY-ST-ZIP
TITLE	DP ☐ DELETE	2.1 TITLE ☐ Change ☐ Addition
NAME	KONO, CARL	2.2 NAME
STREET ADDRESS	76 WASHINGTON STR	2.3 STREET ADDRESS
CITY-ST-ZIP	HOBOKEN NJ	2.4 CITY-ST-ZIP
TITLE	S ☐ DELETE	3.1 TITLE ☐ Change ☐ Addition
NAME	KONO, JEAN	3.2 NAME
STREET ADDRESS	76 WASHINGTON STR	3.3 STREET ADDRESS
CITY-ST-ZIP	HOBOKEN NJ	3.4 CITY-ST-ZIP
TITLE	T ☐ DELETE	4.1 TITLE ☐ Change ☐ Addition
NAME	BOICO, HONEY	4.2 NAME
STREET ADDRESS	76 WASHINGTON STR	4.3 STREET ADDRESS
CITY-ST-ZIP	HOBOKEN NJ	4.4 CITY-ST-ZIP
TITLE	☐ DELETE	5.1 TITLE ☐ Change ☐ Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	☐ DELETE	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 119.07(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 if changed, or on an attachment with an address.

SIGNATURE: L. D. Boico DON BOICO 2/1/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)