FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** LLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1**9**98 DOCUMENT # K03974 (8)PARLAY ENTERPRISES INC. Principal Place of Business Mailing Address BOICO, DONALD \* STEVEN BLANE ESQUINALDO 608 WHITEHEAD ST KEY WEST FL \$3040 11 NASSAU ROAD GREAT NECK NY 11021 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 11/25/1987 2. Principal Place of Business 2a. Mailing Address 65-0026637 Suite, Apt. #, etc. Suite, Apt #, etc. 5. Certificate of Status Desired 22 City & State City & State 8. Election Campaign Financing Trust Fund Contribution 23 28 Zip Country Zio Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent A1 Name ESQUINALDO, STEVEN BLANE **608 WHITEHEAD ST** 82 Street Address (P.O. Box Number is Not Acceptable) KEY WEST FL 33040 83

## FILED Jul 29 1998 8:00am Secretary of State

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Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

Zip Code 84 City 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, typed or printed hame of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE 1.1 BILE Change Addition TITLE **BOICO, DONALD** 1.2 NAME NAME **76 WASHINGTON STR** 1.3 STREET ADDRESS STREET ADDRESS HOBOKEN NJ 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE ☐ Change TITLE 2 1 TITLE KONO, CARL 2.2 NAME NAME **76 WASHINGTON STR** 2.3 STREET ADDRESS STREET ADDRESS HOBOKEN NJ 2.4 CITY-ST-ZIP CITY - S1 - ZIP DELETE Addition Change 3.1 TITLE TITLE KONO, JEAN 3 2 NAME NAME **76 WASHINGTON STR** STREET ADDRESS 3.3 STREET ADDRESS HOBOKEN NJ 3.4 CITY-ST-ZIP CITY-SI-ZIP Addition DELETE Change TITLE 4.1 TITLE **BOICO, HONEY** 4. 2 NAME **76 WASHINGTON STR** 4.3 STREET ADDRESS STREET ADDRESS HOBOKEN NJ CITY-ST-ZIP 4.4 CITY - ST - ZIP Change Addition DELETE TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CHTY-ST-ZIP 5.4 CITY - S1 - ZIP DELETE Change Addition TITLE 6.1 THLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-S1-ZIP 14. Thereby 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 acceptate and that my signature shall have the same legal effect as if made under eath; 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:

Donald Boico