

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jun 09, 1999 8:00 am
Secretary of State

06-09-1999 90005 049 ***550.00

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

c/o Donald Schwarz
2001 Palmer Ave Ste 201
Larchmont NY 10538

1. INCORPORATED MAY 1987 2. FILING YEAR 1999 3. FILING MONTH 06 4. FILING DAY 09 5. FILING TIME 08:00 6. FILING OFFICE 07 7. FILING COUNTY 05 8. FILING CITY 00 9. FILING STATE 11 10. FILING ZIP 33040

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/25/1987

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

9. 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DV** ☐ DELETE
NAME **BOICO, DONALD**
STREET ADDRESS **76 WASHINGTON STR**
CITY-ST-ZIP **HOBOKEN NJ**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **DP** ☐ DELETE
NAME **KONO, CARL**
STREET ADDRESS **76 WASHINGTON STR**
CITY-ST-ZIP **HOBOKEN NJ**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE
NAME **KONO, JEAN**
STREET ADDRESS **76 WASHINGTON STR**
CITY-ST-ZIP **HOBOKEN NJ**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **T** ☐ DELETE
NAME **BOICO, HONEY**
STREET ADDRESS **76 WASHINGTON STR**
CITY-ST-ZIP **HOBOKEN NJ**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby 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 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:

Donald Boico - Donald Boico

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0006462