

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N14551 (8)

1. Corporation Name
TWIN LAKES BINGO CORPORATION



Principal Place of Business: 3055 BURRIS ROAD, FT. LAUDERDALE FL 33314 US
Mailing Address: 3055 BURRIS ROAD, FT. LAUDERDALE FL 33314-2208 US

3. Date Incorporated or Qualified: 05/01/1986
3a. Date of Last Report: 02/11/1996

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-29) fields with sub-sections for Suite, City & State, Zip, and Country.
4. FEI Number: NOT APPLICABLE (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: MENGA, JOAN, 3055 BURRIS ROAD, FT. LAUDERDALE FL 33314
10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address, City, State (FL), Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D [] DELETE	NAME: JONES, LYNDA	1.1 TITLE: D [] Change [x] Addition	
STREET ADDRESS: 3055 BURRIS ROAD	CITY-ST-ZIP: FT LAUDERDALE FL	1.2 NAME: Kingsberg, Richard	
		1.3 STREET ADDRESS: 661 N.E. 195th St. #308	
		1.4 CITY-ST-ZIP: N. Miami Beach, Fl 33179 [] Change [] Addition	
TITLE: D [x] DELETE	NAME: RAPP, JOYCE	2.1 TITLE:	
STREET ADDRESS: 3055 BURRIS ROAD	CITY-ST-ZIP: FT LAUDERDALE FL	2.2 NAME:	
		2.3 STREET ADDRESS:	
		2.4 CITY-ST-ZIP:	
TITLE: DP [] DELETE	NAME: COHEN, MERRILL S	3.1 TITLE:	[] Change [] Addition
STREET ADDRESS: 501 W. LAKE DASHA DRIVE	CITY-ST-ZIP: PLANTATION FL 33324	3.2 NAME:	
		3.3 STREET ADDRESS:	
		3.4 CITY-ST-ZIP:	
TITLE:	NAME:	4.1 TITLE:	[] Change [] Addition
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME:	
		4.3 STREET ADDRESS:	
		4.4 CITY-ST-ZIP:	
TITLE:	NAME:	5.1 TITLE:	[] Change [] Addition
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME:	
		5.3 STREET ADDRESS:	
		5.4 CITY-ST-ZIP:	
TITLE:	NAME:	6.1 TITLE:	[] Change [] Addition
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME:	
		6.3 STREET ADDRESS:	
		6.4 CITY-ST-ZIP:	

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ (Signature and typed name of signing officer or director)
Date: 1/7/97 (954)
Daytime Phone #: 587-0101 0036328

CR2E037 (9/96)