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Apr 30 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 # N96000001240 (8)

1. Corporation Name

SUNSHINE STATE BINGO ASSOCIATION INC.



Principal Place of Business

Mailing Address

1054 KNAPP DRIVE
CLEARWATER FL

1054 KNAPP DRIVE
CLEARWATER FL 34625-2111

3. Date Incorporated or Qualified
03/06/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 11234 SCOTCHWOOD DRIVE
Suite, Apt. #, etc.

26 P.O. Box 728
Suite, Apt. #, etc.

4. FEI Number

593383903

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

22 City & State

23 Riverview, FL

24 33569

25 Hillsborough

27 City & State

28 Riverview, FL

29 33568

30 Hillsborough

9. Name and Address of Current Registered Agent

SIEGEL, ANDREW L
300 N.W. 82ND AVENUE
SUITE 412
PLANTATION FL 33324

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME GEORGE, FRANK
STREET ADDRESS 55 ROGERS ST.
CITY-ST-ZIP CLEARWATER FL 34618

TITLE TSD
NAME LAFKOWITZ, LARRY
STREET ADDRESS 8810 118TH WAY NORTH
CITY-ST-ZIP SEMINOLE FL 34642

TITLE VD
NAME LAFKOWITZ, JEFF
STREET ADDRESS 19851 GULF BLVD. APT. B-1
CITY-ST-ZIP INDIAN SHORE FL 34635

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE D
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE D
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE PD
4.2 NAME JONATHAN Kaplan
4.3 STREET ADDRESS 22040 Spring Hill Court
4.4 CITY-ST-ZIP Estero, FL 33928

5.1 TITLE VD
5.2 NAME JOHN BAILEY
5.3 STREET ADDRESS 11550 SW 25th St.
5.4 CITY-ST-ZIP DAYIE, FL 33325

6.1 TITLE TSD
6.2 NAME CHUCK WELLS
6.3 STREET ADDRESS 11234 Scotchwood DR
6.4 CITY-ST-ZIP RIVERVIEW FL 33569

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Chuck Wells* CHUCK WELLS

4/14/97

813-671-8310

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0067737

CR2E037 (9/96)