

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90139 037 ****70.00

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DOCUMENT # N96000001240

1. Corporation Name

SUNSHINE STATE BINGO ASSOCIATION INC.

Principal Place of Business

11234 SCOTCHWOOD DR.
RIVERVIEW FL 33569
US

Mailing Address

P.O. BOX 728
RIVERVIEW FL 33568
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

03/06/1996

4. FEI Number

59-3383903

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

9. Name and Address of Current Registered Agent

SIEGEL, ANDREW L
300 N.W. 82ND AVENUE
SUITE 412
PLANTATION FL F3332-4

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 D
NAME GEORGE, FRANK
STREET ADDRESS 55 ROGERS ST.
CITY-ST-ZIP CLEARWATER FL

☐ DELETE

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

☐ DELETE

TITLE D
NAME LAFKOWITZ, JEFF
STREET ADDRESS 19651 GULF BLVD. APT. B-1
CITY-ST-ZIP INDIAN SHORE FL

☐ DELETE

TITLE PD
NAME KAPLAN, JONATHAN
STREET ADDRESS 22040 SPRING HILL CT
CITY-ST-ZIP ESTERO FL

☐ DELETE

TITLE VD
NAME BAILEY, JOHN
STREET ADDRESS 11550 S.W. 25TH ST.
CITY-ST-ZIP DAVIE FL

☐ DELETE

TITLE TSD
NAME WELLS, CHUCK
STREET ADDRESS 11235 SCOTCHWOOD DR.
CITY-ST-ZIP RIVERVIEW FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *CHUCK WELLS* **CHUCK WELLS** *2/25/99 (813)671-8310*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)