FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 23 PM 1:20

DOCUMENT # **P93000014805 (4)**

1. Corporation Name

BINGO COUNTRY FLORIDA, INC.

Principal Place of Business	Mailing Address
2406 N POWERLINE RD POMPANO BEACH FL 33069	100 N.E. 3RD AVE. SUITE 900 FT. LAUDERDALE FL 33301 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **02/26/1993**
3a. Date of Last Report: **05/24/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: **65-0307980**	☐ Applied For ☐ Not Applicable
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
23	28		
Zip / Country	Zip / Country	7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	
24 / 25	29 / 30		

9. Name and Address of Current Registered Agent

RATHBURN, PATRICIA A.
~~100 N.E. 3RD AVE.~~
~~SUITE 900~~
~~FT. LAUDERDALE FL 33301~~

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 217 N.E 2nd Street

83

84 City: Fort Lauderdale FL 85 Zip Code: 33301

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	DIMARIA, FRANK	12 NAME		
STREET ADDRESS	800 UPPER CANADA DR	13 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, ONTARIO	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	CRUICKSHANKS, BRYAN	22 NAME		
STREET ADDRESS	800 UPPER CANADA DR	23 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, ONTARIO	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	COURNEYA, ROBERT E	32 NAME		
STREET ADDRESS	800 UPPER CANADA DR	33 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, ONTARIO	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	KOHLMEIER, AMANDUS	42 NAME		
STREET ADDRESS	800 UPPER CANADA DR	43 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, ONTARIO	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	SANDRIN, LUCIO	52 NAME		
STREET ADDRESS	800 UPPER CANADA DR	53 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, ONTARIO	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Lucio Sandrin Lucio Sandrin March 28, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0210510 CP