SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P93000014805 (4)**

1. Corporation Name
BINGO COUNTRY FLORIDA, INC.

Principal Place of Business	Mailing Address
2466 N POWERLINE RD POMPANO BEACH FL 33069	100 N.E. 3RD AVE. SUITE 900 FT. LAUDERDALE FL 33301 US

3. Date Incorporated or Qualified: 02/26/1993	3a. Date of Last Report: 05/23/1995
4. FEI Number: 65-0307980	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26 217 N.E. 2nd Street
Suite, Apt. #, etc: 22	Suite, Apt. #, etc: 27
City & State: 23	City & State: 28 Ft. Lauderdale, FL
Zip: 24 Country: 25	Zip: 29 33301 Country: 30 U.S.A.

9. Name and Address of Current Registered Agent

RATHBURN, PATRICIA A.
217 N.E. 2ND STREET
FT. LAUDERDALE FL 33301

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	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	☐ DELETE	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	☒ DELETE	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	☐ DELETE	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	☐ DELETE	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		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (3/96)

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)(k), 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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number