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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000032137 (0)

A & S BINGO DISTRIBUTORS, INC. Principal Place of Business Mailing Address 1045 CENTRAL AVENUE 1045 CENTRAL AVENUE ST. PETERSBURG FL 33705 ST. PETERSBURG FL 33705-1648 3. Date Incorporated or Qualified 3a. Date of Last Report 04/30/1993 04/04/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3181327 26 Not Applicable Suite, Apl. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing **\$5.00** May Be 23 Trust Fund Contribution Added to Fees 28 Country Zιρ Country 8. This corporation has liability for intangible tax under s. 199.032. Yes No 25 29 30 Florida Statutes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 Name JAMISON, SCOTT H 1045 CENTRAL AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG FL 33705 83 84 City 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. (NOTE: Registered Agent signature regulred when re-instating) Signation itsyling or printed nanic of registered agent and title it applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. 96/6) THE DELETE 1.1 JITLE Change Addition JAMISON, SCOTT H 1.2 NAME NAME R2E034 1045 CENTRAL AVENUE 1.3 STREET ADDRESS STEELT ADDRESS ST. PETERSBURG FL 33705 1.4 CITY - ST- ZIP CHY-SI-ZiP DELETE Change Addition THE 2.1 TITLE NAMI 22 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY: ST-Z-E DELETE Change Addition 31 TITLE HILLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - S1 - ZIP 3.4. CITY-ST-ZIP Change Addition DELETE Tillif 4.1 TITLE MAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY - S1 - 712 54 CITY-ST-ZIP DELETÉ 6.1 TITLE Change Addition TITLE 6.2 NAME MALE STREET ADDRESS **6.9 STREET ADDRESS** City - ST- 7/P 6.4 CITY-ST-ZIP

SIGNATURE:

TURE OF TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14. I do hereby certify that the information supplied with this fiting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

information inclicated 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

1/14/97 813-871-4119 Dayline Prove 4 0374198

FILED

Apr 17 1997 8:00am

Secretary of State