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 -1 AM 11:33

DOCUMENT # P94000010639 (0)

1. Corporation Name

BINGO MANIA AT SOUTHWIND PLAZA, INC.

Principal Place of Business	Mailing Address
329 GLENN RD. WEST PALM BEACH FL 33405	329 GLENN RD. WEST PALM BEACH FL 33405

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/09/1994
3a. Date of Last Report:

2. Principal Place of Business: 1750 W. 45TH ST.
Suite, Apt. #, etc.:
City & State: WEST PALM BEACH
Zip: 33407 County: PALM BEACH

2a. Mailing Address:
Suite, Apt. #, etc.:
City & State:
Zip: Country:

4. FEI Number: 65-0503663 [ ] 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. 199.052, Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LOBDELL, STEVEN 329 GLENN RD. WEST PALM BEACH FL 33405	Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:

11. Pursuant to the provisions of sections 607.0502 and 617.0502, 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 ... Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS	
TITLE	PT
NAME	HEROLD, THOMAS C
STREET ADDRESS	329 GLENN RD.
CITY-ST-ZIP	WEST PALM BEACH FL 33405
TITLE	S
NAME	LOBDELL, STEVEN
STREET ADDRESS	329 GLENN RD.
CITY-ST-ZIP	WEST PALM BEACH FL 33405

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. [ ] Change [ ] Addition

REMITTED BY MAY 1

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: [signature] President 4/26/95 (407) 533-5094

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0245161 CP