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Mar 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000023989 (4)

1. Corporation Name:
BING BANG ARCADE, INC.

Principal Place of Business
4618 NW 43RD PLACE
GAINESVILLE FL 32606

Mailing Address
4618 NW 43RD PLACE
GAINESVILLE FL 32606-4343



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

STEFFEE, BONNIE M
2239 NW 7TH LANE
GAINESVILLE FL 32603

3. Date Incorporated or Qualified

03/22/1994

3a. Date of Last Report

05/10/1996

4. FEI Number

59-3247717

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

10. Name and Address of New Registered Agent

81 Name BONNIE STEFFEE (SAME)

82 Street Address (P.O. Box Number is Not Acceptable)

6014 NW 52 TERRACE

83

84 City GAINESVILLE

FL

85 Zip Code 32653

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

11 TITLE ☐ DELETE

NAME STEFFEE, BONNIE M
STREET ADDRESS 6014 NW 52 TERRACE
CITY-ST-ZIP GAINESVILLE FL 32653

12 TITLE ☐ DELETE

NAME ARMAS, ROSSY B
STREET ADDRESS 4618 NW 43 PLACE
CITY-ST-ZIP GAINESVILLE FL 32606

13 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

14 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

15 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

16 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE PRESIDENT ☒ Change ☐ Addition

22 NAME ARMAS, ROSSY B.
23 STREET ADDRESS 4618 NW 43 PLACE
24 CITY-ST-ZIP GAINESVILLE, FL 32606

31 TITLE VICE PRESIDENT ☐ Change ☒ Addition

32 NAME ARMAS, MANUEL F.
33 STREET ADDRESS 4618 NW 43 PLACE
34 CITY-ST-ZIP GAINESVILLE, FL 32606

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Bonnie Steffee
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

02/28/97 (352) 376-8443
Date Daytime Phone #

CR2E034 (9/96)