FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996 DIVISION OF CORPORATIONS								
1. Corporatio	MENT # P94 ILEY PROPERTIES, INC	1000026369	(6)		 	<u>! </u>	NE) COINC IICID BINGO II	## #### ### ###
Dringing Dieg	o of Dunings	Mailing Address						
Principal Place		Mailing Address						
	.e river dr. Rdale fl 33305	2415 MIDDLE RI Ft. Lauderdal						
					3. Date Incorporated or 0	Qualified	3a. Date of Last	Report
					03/28/1994		08/24/19	995
	lace of Business	1	2a. Mailing Address		4. FEI Number	•		Applied For
21	# oto		26 Suite Apt # ote		65-0509313		607	Not Applicable
Suite, Apt.	#, etc.	27 Suite, Apr. #, 6	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required			
City & Stat	le	City & State			6. Election Campaign Fir	ancing	\$5.6	00 May Be
23		28			Trust Fund Contribution	n		ed to Fees
Zιρ	Country	Zip	Countr	У	8. This corporation has li			s 199.032,
24	25 25	29 Current Registered Agent	[30]		Florida Statutes 10. Name and Address	Yes	_	· · · · · · · · · · · · · · · · · · ·
	g, Italia bili Additas di	Danielli Hogistorea Agent	8	I Name	10. 1441110 2110 11001000	<u> </u>	gioto ou rigott	
GΛI DE	ARB, STEVEN H ESQ.		8:		ress (P.O. Box Number is Not	Assastable		
	OCEAN AVE.	Street Add	ress (P.O. Box number is not	ACCeptable)	,			
SUITE			8:	3				·
	ON BEACH FL 33435/	4 City			85	?ip Code		
	4		1	\a_{\alpha}			FL I	•
	to the provisions of Sections 60 red agent, or both in the State with, and according obligations of	of Florida. Such charge was a of, Section 607.0565, Florida.	atures to the cor	poration's boa	and of directors. I hereby accep	or the purpoint the appoint	ntment as registere	ed agent. I am
SIGNATURE	Signature, typed or printed name of registr	ered agent and title if applicable	(NOTE: Registered Ag	ont signature require	ad when reinstaling)		DATE /	
12.	OFFICE	ERS AND DIRECTORS	13.		ADDITIONS/CHANGE	S TO OFF		
TITLE	D	DELÉT	E 1 1 TITLI				Change	Addition
NAME	BLODGETT, LAWRENC		1.2 NAMI					
STREET ADDRESS	2415 MIDDLE RIVER D			ET ADDRESS				
CITY - ST - ZIP	FT. LAUDERDALE FL 3	33305	1.4 CITY				☐ Change	Addition
TITLE			E 2.1 TITLI 2.2 NAMI				L Charly:	- Madition
NAME STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIF			2.4 CITY-					
TITLE		☐ DELET					☐ Change	Addition
NAME		-	3.2 NAM					
STREET ADDRESS			3.3 STRE	ET ADDRESS				
CITY-ST-ZIP			3.4 CITY	-ST-ZIP				
TITLE		DELET		j			Change	Addition
NAME			4.2 NAM					
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP TITLE		[] DELEI	4.4 C/TY E 5. 1 T/TL				Chang	Addition
NAME		Lu otter	5.2 NAM		•		U	
STREET ADDRESS				ET ADDRESS	•			
CITY-ST-ZIP	•		54 CITY					
TITLE	1	DELET					Chang	Addition
NAME			62 NAM	E				
STREET ADDRESS			63 STRE	ET ADDRESS				

14. I do hereby certify that the information supplied with this bring 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 the and accurate and that my signature shall have the same legal effect as if made under certify that I am an officer or director of the corporation or the receiver or trustee per powered 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 or an attachment with an address.

64 CITY-ST-ZIP

STREEL ADDRESS

SIGNATURE:

705 567-500 Dadine Phone #