

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P94000048484 (7)**

1. Corporation Name  
**BINGO MAGIC, INC.**



Principal Place of Business: **6495 HWY 90 SUITE 5 MILTON FL 32570 US**  
Mailing Address: **6495 HWY 90 SUITE 5 MILTON FL 32570 US**

3. Date Incorporated or Qualified: **06/29/1994**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-3251190**  
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: **21**  
2a. Mailing Address: **26**  
Suite, Apt. #, etc.: **22**  
City & State: **27**  
City & State: **28**  
Zip: **24** Country: **25** Zip: **29** Country: **30**

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**HUBBAD, WILLIAM  
6495 HWY 90  
SUITE 5  
MILTON FL 32570**

81 Name: **William Hubbard**  
82 Street Address (P.O. Box Number is Not Acceptable): **SAME**  
83  
84 City: **FL** 85 Zip Code: **FL**

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 signature required when reinstating) DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>HUBBARD, WILLIAM</b>	
STREET ADDRESS	<b>851 MALAGA PLACE</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL</b>	
TITLE	<b>O</b>	<input type="checkbox"/> DELETE
NAME	<b>BENSON, ELLEN</b>	
STREET ADDRESS	<b>23 NANCY CIRCLE</b>	
CITY-ST-ZIP	<b>EDDISON NJ</b>	
TITLE	<b>O</b>	<input type="checkbox"/> DELETE
NAME	<b>COCKRELL, TIMOTHY</b>	
STREET ADDRESS	<b>6187C WOODED WAY</b>	
CITY-ST-ZIP	<b>MILTON FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change: <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change: <input type="checkbox"/> Addition
3.2 NAME	<b>Cockrell, Sr., Timothy</b>
3.3 STREET ADDRESS	<b>2201 Tidewater Dr.</b>
3.4 CITY-ST-ZIP	<b>Milton, FL 32583</b>
4.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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

SIGNATURE: **Timothy J. Cockrell / Vice Pres.** 4/25/96 904-626-3131  
Date: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

CR2E034 (12/95)