

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Jun 01 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
06/29/1994

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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 owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WILLIAM HUBBARD  
6495 HWY 90  
SUITE 5  
MILTON FL 32570

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 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.

SIGNATURE *Timothy J. Cockrell* DATE 4/23/98

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	HUBBARD, WILLIAM	
STREET ADDRESS	651 MALAGA PLACE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	O	DELETE
NAME	BENSON, ELLEN	
STREET ADDRESS	#4 HARWIN DR	
CITY-ST-ZIP	EAST BRUNSWICK NJ	
TITLE	O	DELETE
NAME	COCKREL, SR. T	
STREET ADDRESS	2201 TIDEWATER DR	
CITY-ST-ZIP	MILTON FL	
TITLE	O	DELETE
NAME	<i>Benjamin Totten III</i>	
STREET ADDRESS	<i>135 Johnsims Pkwy</i>	
CITY-ST-ZIP	<i>Valparaiso, FL 32580</i>	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		Change	Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		Change	Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		Change	Addition
4.2 NAME	<i>Benjamin Totten III</i>		
4.3 STREET ADDRESS	<i>135 Johnsims Pkwy</i>		
4.4 CITY-ST-ZIP	<i>Valparaiso, FL 32580</i>		
5.1 TITLE		Change	Addition
5.2 NAME	<i>Benjamin Totten</i>		
5.3 STREET ADDRESS	<i>135 Johnsims Pkwy</i>		
5.4 CITY-ST-ZIP	<i>Valparaiso, FL 32580</i>		
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I 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 *Timothy J. Cockrell* DATE 5/27/98

CR2E034 (10/97)