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

PROFIT CORPORATION ANNUAL REPORT

1998



FI ORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000035241 (5)

GRAND PLAZA BINGO CLUB, INC.

Principal Place of Business

4540 MCINTOSH ROAD

Mailing Address

P.O. BOX 1920 DOVER FL 33527-1920 US

FILED Jun 18 1998 8:00am Secretary of State



DOVER TE USSE		US		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
9 Principal Pi	lace of Business	2a. Mailing Address		05/04/1995 4. FEt Number	
	9 W. Dale Mabry Hay		1. Maha Huy		Applied For
Suite, Apt.		Suite, Apt #, ctc.	termony ney		Not Applicable \$8.75 Additional
22 Suit	c 130	27 Suite 130		5. Certificate of Status Desired	Fee Required
City & State	C1	City & State	=(6. Election Campaign Financing	\$5.00 May Be
	NOR TI	[20]	·- · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution	Added to Fees
Zip 24 336 (S Country 11s.	29 33618 3	Country 日本	8. This corporation owes or has paid the cur	_ ′ _ '
241 0 0 0 1	9. Name and Address of Current (0 711113	Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No
GILI	MORE, RICARDO L				
P.O. BOX 3399			82 Street Address (P.O. Box Numbor is Not Acceptable)		
101 E KENNEDY BLVD, #3200 TAMPA FL 33601					
			83		
			84 City		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					
agont I am familiar with, and accept the obligations of Section 607,0505, Florida Statutes.					
SIGNATURE	Signature, typed or printed name of registered agents	and blood employable INOSE: 5	Registered Agent signature requ	ured when re-estating) DATE	
12.	OLLICERS AND I		13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	VSD	DELETE	1.1 TITLE	7.0071107107111710E0 70 OF TOETTO 71170	Change Addition
NAME	GOBLICK, ALBERT III		1.2 NAME		
STREET ADDRESS	12408 N FLORIDA AVE LOT 32	OAK	1.3 STREET ADDRESS]
CITY-ST-ZIP	TAMPA FL 33612		1.4 CITY - ST - ZIP		
TITLE	PD	☐ DELFTE	2.1 TITLE		Change Addition
NAME	USSERY, RANZER C		2.2 NAME		
STREET ADDRESS	4540 MCINTOSH ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DOVER FL 33527	DELETE	2.4 CITY-ST-ZIP		
NAME		☐ OFTE	3.1 TITLE		Change Addition
STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TILE		Change Addition
NAME		_	4 2 NAME		
STREET ADDRESS		,	4 3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CHY-ST-ZIP		
TITLE		☐ DELETE	5.1 YITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP		1 60.732	5.4 CITY - ST- ZIP		
TITLE		LT DUTETE	6.1 TITLE		L Change L Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
14. I hereby co	ortify that the information supplied with	this filing does not qualify for t	6.4 CITY-ST-ZIP he exemption stated in	Section 119 07(3)(i) Florida Statutes I further con	rtify that the information
14. I hereby cortify 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 13 if changed, or on an attachment with an address.					