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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000014559

1. Corporation Name

M & M BINGO FUN CENTERS, INC.

| {   |   |   |                                    |                   |                                   |                             |                                   |                                     |                                    |  |  |
|---|---|---|------------------------------------|-------------------|-----------------------------------|-----------------------------|-----------------------------------|-------------------------------------|------------------------------------|--|--|
| Principal Place                               | e of Business                           | Mailing Address   |                                    |                   |                                   | ( 1881                      | 1881 118 18111 1881               |                                     |                                    | ¢,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  |
| 40140 US HWY 19 7713 GARDNER RD               |   |   |                                    |                   |                                   |                             |                                   |                                     |                                    |  |  |
| TARPON SPRINGS FL 34689 TAMPA FL 33625        |   |   |                                    |                   |                                   | DO NOT WRITE IN THIS SPACE  |                                   |                                     |                                    |  |  |
| Į   |   |   |                                    |                   | 3.                                | Date Inco                   | rporated or Q                     |                                     |                                    |  |  |
| ļ   |   |   |                                    |                   |                                   | 02/11/                      | ·                                 |                                     |                                    | [                                      |  |
| 2 Principal P                                 | lace of Business                        | 2a. Mailing Addres  | s                                  |                   | 4.                                | FEI Num                     |                                   |                                     | — Ap                               | plied For                              |  |
| 21  | acc or basiness                         | 26  | -                                  |                   | "                                 | 59-342                      | 6265                              |                                     | No                                 | t Applicable                           |  |
| Suite, Apt.                                   | #. etc.                                 | Suite, Apt. #, e  | tc.                                |                   |                                   |                             |                                   |                                     | \$8.75                             | Additional                             |  |
| 22  |   | 27  |                                    |                   | 5.                                | Certificate                 | of Status De                      | sired - 🖃                           | Fee Re                             | quired                                 |  |
| City & Stat                                   | 9                                       | City & State  | 1.1.1.                             |                   | 6.                                | Election (                  | Campaign Fina                     | ancing                              | \$5.00                             | May Be                                 |  |
| 23  |   | 28  |                                    |                   |                                   | Trust Fur                   | d Contribution                    | <u> </u>                            | Added t                            | o Fees                                 |  |
| Zip   | Country                                 | Zip   | Coun                               | try               | 8.                                | This corp                   | oration owes                      | he current year                     |                                    | _                                      |  |
| 24  | 25                                      | 29  | 30                                 |                   |                                   |                             | Property Tax.                     |                                     | ☐Yes                               | □No                                    |  |
|   | 9. Name and Address o                   | Current Registered Agent  |                                    |                   |                                   | Name ar                     | d Address o                       | New Registere                       | d Agent                            |  |  |
| 100   | C7 A! D ID                              |   |                                    | 31 Nar            | 1e                                |                             |                                   |                                     |                                    |  |  |
| LOPEZ, AL R., JR.<br>4600 WEST CYPRESS STREET |   |   |                                    |                   | et Address (F                     | O. Box N                    | umber is Not                      | Acceptable)                         |                                    |  |  |
| SUITE 500                                     |   |   |                                    |                   |                                   |                             |                                   |                                     |                                    |  |  |
| TAMPA FL 33607                                |   |   |                                    | 33                |                                   |                             |                                   |                                     |                                    |  |  |
| IAM   | PA FL 3300/                             |   | <u> </u>                           | 34 City           |                                   |                             |                                   |                                     | 85 Zip (                           | Code                                   |  |
|   |   |   |                                    |                   |                                   |                             |                                   | F                                   | - 1                                |  |  |
| 11. Pursuant                                  | to the provisions of Sections           | 607.0502 and 607.1508, Florida<br>e State of Florida. Such change | Statutes, the ab<br>was authorized | ove-nam           | ed corporation<br>reporation's be | n submits o<br>pard of dire | this statement<br>ectors. I hereb | tor the purpose<br>y accept the app | or cnanging its<br>pointment as re | registered<br>gistered                 |  |
| agent. I a                                    | m familiar with, and accept th          | e obligations of, Section 607.05                                  | 05, Florida Statu                  | es.               |                                   |                             |                                   |                                     |                                    | 1                                      |  |
| SIGNATURE                                     |   |   |                                    |                   |                                   |                             |                                   | DATE                                |                                    |  |  |
|   | Signature, typed or printed name of reg |   | (NOTE: Registered A                | gent signat       |                                   |                             | CICHANGES                         | TO OFFICERS                         | AND DIRECTO                        | PS IN 12                               |  |
| 12.   | I _                                     | ERS AND DIRECTORS   | 13.<br>ETE 1.1 ππ                  |                   |                                   | ADDITION                    | 13/CHANGES                        | TOOTTIOERO                          | Change                             | Addition                               |  |
| TITLE   | D MALLOY JANET                          | DCL   | 1.1 BIL                            |                   |                                   |                             |                                   |                                     | ₩                                  | _                                      |  |
| NAME  | MALLOY, JANET<br>7713 GARDNER RD        |   | 1.2 NA                             | IC<br>CCT 40007   | 1163                              | 28 E                        | Y CREE                            | K DRIVE                             |                                    |  |  |
| STREET ADDRESS                                |   |   |                                    |                   | 55 / / 0                          | , ,                         | - 0.0 ·                           |                                     |                                    | }                                      |  |
| CITY-ST-ZIP                                   | TAMPA FL 33625                          | DEL   |                                    | -ST-ZIP           |                                   |                             |                                   | <del></del>                         | Change                             | Addition                               |  |
| TITLE   | *                                       | Det   | 2.1 HIL                            |                   |                                   |                             |                                   | <                                   | _ , ,                              |  |  |
| NAME  | MALLOY, JOHN W<br>7713 GARDNER RD       |   |                                    | EET ADDRE         | cc 11/03                          | 8 Fox                       | CREEK                             | DRWE                                |                                    | Ì                                      |  |
| STREET ADDRESS                                |   |   |                                    |                   | 33 77 60 5                        | <del>-</del>                |                                   |                                     | -                                  |  |  |
| -CITY-ST-ZIP -                                | TAMPA FL 33625                          |   |                                    | Y-ST-ZIP          |                                   |                             |                                   |                                     | ☐ Change                           | Addition                               |  |
| i   |   |   | 3.2 NA/                            |                   |                                   |                             |                                   |                                     |                                    | _                                      |  |
| NAME  |   |   |                                    | EET ADDRE         | ee l                              |                             |                                   |                                     |                                    |  |  |
| STREET ADDRESS                                |   |   |                                    | Y-ST-ZIP          | ~                                 |                             |                                   |                                     |                                    |  |  |
| CITY-ST-ZIP                                   |   | □ DEL   |                                    |                   | 1                                 | -                           |                                   |                                     | ☐ Change                           | Addition                               |  |
| NAME  |   | <u> </u>  | 4. 2 NA                            |                   |                                   |                             |                                   |                                     | - •                                |  |  |
| STREET ADDRESS                                |   |   |                                    | '''-<br>EET ADDRE | ss                                |                             |                                   |                                     |                                    |  |  |
| ]   |   |   |                                    | -ST-ZIP           |                                   |                             |                                   |                                     |                                    |  |  |
| CITY-ST-ZIP                                   |   | □ DEL   |                                    |                   |                                   |                             |                                   | •                                   | Change                             | Addition                               |  |
|   |   |   |                                    |                   |                                   |                             |                                   |                                     |                                    |  |  |

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 an anattachment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

64 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

April 12, 1999

(813) 814 2445

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90115 017 \*\*\*150.00

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☐ Change

☐ Addition