

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

**FILED**

**Apr 14 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000015420 (7)**  
 1. Corporation Name  
**OLDE TYME BINGO, INC.**



Principal Place of Business <b>C/O REBECCA H. FISCHER                  4651 SHERIDAN STREET SUITE 325                  HOLLYWOOD FL 33021</b>	Mailing Address <b>C/O REBECCA H. FISCHER                  4651 SHERIDAN STREET SUITE 325                  HOLLYWOOD FL 33021</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>7650 SOUTHGATE BLVD</b> Suite, Apt. #, etc. 22 City & State 23 <b>N. LAUDERDALE, FL</b> Zip 24 <b>33068</b> Country 25 <b>US</b>	2a. Mailing Address 26 <b>5621 HANCOCK ROAD</b> Suite, Apt. #, etc. 27 City & State 28 <b>DAVIE, FL.</b> Zip 29 <b>33330</b> Country 30 <b>US</b>
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3. Date Incorporated or Qualified <b>02/17/1997</b>	
4. FEI Number <b>65-0734726</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**FISCHER, REBECCA H ESQ.  
 4651 SHERIDAN ST  
 SUITE 325  
 HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
PD	<b>SLICHTER, H. RICHARD</b>	<b>5621 HANCOCK RD.</b>	<b>DAVIE FL 33330</b>	
VPD	<b>AIELLO, JAMES</b>	<b>5621 HANCOCK RD.</b>	<b>DAVIE FL 33330</b>	
SD	<b>SLICHTER, MARIE A</b>	<b>5621 HANCOCK RD.</b>	<b>DAVIE FL 33330</b>	
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>DIRECTOR</b>
1.3 STREET ADDRESS	<b>PAUL P. TOSI</b>
1.4 CITY-ST-ZIP	<b>8241 SW 7th Ct. NO. LAUDERDALE, FL 33068</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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 *Marie A. Slichter* **MARIE A. SLICHTER** 4/2/98 (950) 434-4913

CR2E034 (10/97)