

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

FILED  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90027 021 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000015420

1. Corporation Name  
OLDE TYME BINGO, INC.

Principal Place of Business  
7650 SOUTHGATE BLVD  
~~4651 SHERIDAN STREET SUITE 325~~  
N LAUDERDALE FL 33068  
US

Mailing Address  
5621 HANCOCK RD  
~~4651 SHERIDAN STREET SUITE 325~~  
DAVIE FL 33330  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
02/17/1997

4. FEI Number  
65-0734726

Applied For  
Not Applicable

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business  
21 7650 Southgate Blvd

2a. Mailing Address  
26 7650 Southgate Blvd

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State  
No LDLE FL

28 City & State  
No LDLE FL

24 Zip  
33068

29 Zip  
33068

30 Country

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  
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME PD  
SLICHTER, H. RICHARD  
STREET ADDRESS  
5621 HANCOCK RD.  
CITY-ST-ZIP DAVIE FL 33330

☐ DELETE

TITLE  
NAME VPD  
AIELLO, JAMES  
STREET ADDRESS  
5621 HANCOCK RD.  
CITY-ST-ZIP DAVIE FL 33330

☐ DELETE

TITLE  
NAME SD  
SLICHTER, MARIE A  
STREET ADDRESS  
5621 HANCOCK RD.  
CITY-ST-ZIP DAVIE FL 33330

☐ DELETE

TITLE  
NAME D  
TOSI, PAUL P  
STREET ADDRESS  
8241 SW 7TH CT  
CITY-ST-ZIP N LAUDERDALE FL 33068

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☒ Addition

D  
JOSEPH F. LAROSA, JR.  
8241 SW 7TH CT.  
N. LAUDERDALE FL 33068

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Paul P. Tosi  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 4/26/99  
Daytime Phone # 954-726-8394

CR2E034 (1/98)