FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 23 PM 1:20

DOCUMENT # **S94992** **(2)**

1. Corporation Name
BINGO COUNTRY FLORIDA CONCESSIONS, INC.

Principal Place of Business	Mailing Address
2466 N POWERLINE RD POMPANO BEACH FL 33069	100 N.E. 3RD AVE. SUITE 900 FT. LAUDERDALE FL 33301 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
11/18/1991	05/24/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number **65-0307925** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RATHBURN, PATRICIA A.
~~100 N.E. 3RD AVE.~~
~~SUITE 900~~
FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable) 217 N.E. 2nd Street

83

84 City Fort Lauderdale FL 85 Zip Code 33301

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 _____ DATE
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	☐ Change ☐ Addition
NAME	DIMARIA, FRANK	1.2 NAME	
STREET ADDRESS	800 UPPER CANADA DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, ONTARIO	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	☐ Change ☐ Addition
NAME	CRUICKSHANKS, BRYAN	2.2 NAME	
STREET ADDRESS	800 UPPER CANADA DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, ONTARIO	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	COURNEYA, ROBERT E	3.2 NAME	
STREET ADDRESS	800 UPPER CANADA DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, ONTARIO	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	KOHLMEIER, AMANDUS	4.2 NAME	
STREET ADDRESS	800 UPPER CANADA DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, ONTARIO	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	SANDRIN, LUCIO	5.2 NAME	
STREET ADDRESS	800 UPPER CANADA DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, ONTARIO	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Lucio Sandrin Lucio Sandrin March 28, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR Title Date

0210624 CP