SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

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

1996 7-17-96 B-71328-C

DOCUMENT # S94992 (2)

1. Corporation Name
BINGO COUNTRY FLORIDA CONCESSIONS, INC.

Principal Place of Business
2466 N POWERLINE RD
POMPANO BEACH FL 33069

Mailing Address
100 N.E. 3RD AVE.
SUITE 980
FT. LAUDERDALE FL 33301
US

3. Date Incorporated or Qualified: 11/18/1991
3a. Date of Last Report: 05/23/1995

2. Principal Place of Business
21
Suite, Apt #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 217 N.E. 2nd Street
Suite, Apt #, etc.
27
City & State
28 Ft. Lauderdale, FL
Zip 29 33301 Country 30 U.S.A.

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.
217 N.E. 2ND STREET
FT. LAUDERDALE FL 33301

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 for printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	☒ DELETE	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	☐ DELETE	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	☒ DELETE	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	☐ DELETE	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	☐ DELETE	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		☐ DELETE	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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)