

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED

97 AUG 20 PM 3:19

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DOCUMENT # **S94992** (2)  
1. Corporation Name  
**BINGO COUNTRY FLORIDA CONCESSIONS, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

Mailing Address  
**217 NE 2ND STREET  
SUITE 800  
FT LAUDERDALE FL 33301  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>11/18/1991</b>	3a. Date of Last Report <b>07/17/1996</b>
4. FEI Number <b>65-0307925</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	

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUICKSHANKS, BRYAN	1.2 NAME	
STREET ADDRESS	800 UPPER CANADA DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, ONTARIO	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOHLMEIER, AMANDUS	2.2 NAME	
STREET ADDRESS	800 UPPER CANADA DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, ONTARIO	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDRIN, LUCIO	3.2 NAME	
STREET ADDRESS	800 UPPER CANADA DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, ONTARIO	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 in an attachment with an address.

SIGNATURE \_\_\_\_\_

CR2E034 (4/97)

**PATRICIA A. RATHBURN**

Attorney At Law

July 30, 1997

(2)

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Bingo Country Florida Inc.

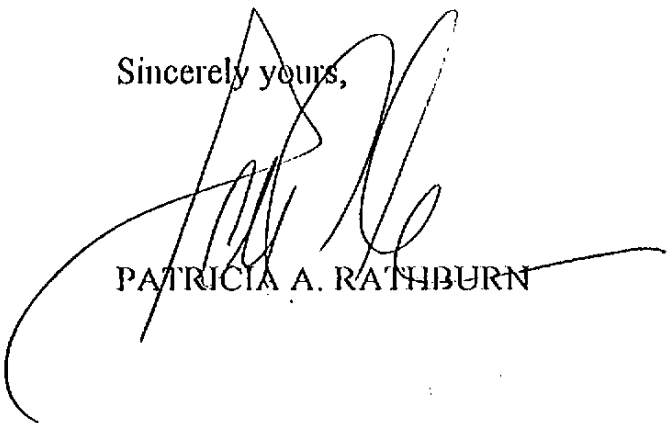
Bingo Country Florida Concessions, Inc.

Dear Sir or Madam:

Attached are the corporate annual returns for the above corporations together with the filing fee for ON TIME filing of \$165. each. On July 29, 1997, I received a notice marked "2nd Notice" indicating that a previous notice had been sent to me with respect to these corporations. It had not. The first documentation received regarding these corporations was the second notices received yesterday.

I spoke with a representative of the Division, who indicated that the corporations should pay the on time filing fee, and that same would be accepted. Should you have question in this regard, please do not hesitate to contact me.

Sincerely yours,

  
PATRICIA A. RATHBURN