

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sanford E. Matheson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V63928**

(8)

1. Corporation Name

BINGO MADNESS, INC.

Principal Place of Business

**7139 S. U.S. ONE
PORT ST LUCIE FL 34952**

Mailing Address

**7139 S. U.S. ONE
PORT ST LUCIE FL 34952**



2. Foreign Place of Business

21 Country
22 State
23 City
24 Zip

2a. Mailing Address

26 Country
27 State
28 City
29 Zip

9. Name and Address of Current Registered Agent

**CHAPLIN, RALPH R.
BINGO MADNESS INC
7139 US HWY 1
PORT ST LUCIE FL 34952**

3. Date Incorporated or Qualified
09/14/1992

3a. Date of Last Report
09/28/1995

4. FEI Number
65-0356281

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

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. In compliance with the provisions of Sections 601, 602 and 607, Florida Statutes, this above named corporation submits this statement for the purpose of changing its registered office to the principal place of business in the State of Florida. I, the undersigned, as an authorized officer of this corporation's board of directors, hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the Florida Statutes, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

1. NAME	P	☐ DELETE
2. NAME	MOORE L. JAYNE	
3. ADDRESS	7139 S US HWY 1	
4. ADDRESS	PT. ST. LUCIE FL	
5. ADDRESS	VP	☐ DELETE
6. NAME	CHAPIN, RALPH R.	
7. ADDRESS	7139 S US HWY 1	
8. ADDRESS	PORT ST. LUCIE FL	
9. ADDRESS	S	☐ DELETE
10. NAME	CHAPIN, GABRIELE O.	
11. ADDRESS	7139 S. US HWY 1	
12. ADDRESS	PORT ST. LUCIE FL	
13. NAME	T	☐ DELETE
14. NAME	MOORE, TERRANCE	
15. ADDRESS	7139 S. US HWY 1	
16. ADDRESS	PORT ST. LUCIE FL	
17. NAME		☐ DELETE
18. NAME		
19. ADDRESS		
20. ADDRESS		
21. NAME		☐ DELETE
22. NAME		
23. ADDRESS		
24. ADDRESS		

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	☐ Change ☐ Addition
2. NAME	
3. ADDRESS	
4. ADDRESS	
5. ADDRESS	TREASURER ☒ Change ☐ Addition
6. NAME	
7. ADDRESS	
8. ADDRESS	SECRETARY ☒ Change ☐ Addition
9. NAME	
10. ADDRESS	
11. ADDRESS	VICE - PRESIDENT ☒ Change ☐ Addition
12. NAME	
13. ADDRESS	
14. ADDRESS	
15. NAME	
16. ADDRESS	
17. ADDRESS	
18. NAME	
19. ADDRESS	
20. ADDRESS	
21. NAME	
22. NAME	
23. ADDRESS	
24. ADDRESS	

14. I 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 included on this filing is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of this corporation or the registered agent or the person authorized to prepare this report as required by Chapter 607, Florida Statutes, and that my name is on the list of officers or directors of this corporation or the registered agent or the person authorized to prepare this report as required by Chapter 607, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18 JAN 96

407-340-0477

CR2E034 (12/95)