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

PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthage

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # 654491

(0)

Mailing Address

THE LANTANA BOWLING LANES, INC.

ate Incorporated or Qualified	3a. Date of Last Repo

FILED

Mar 26 1997 8:00am

Secretary of State

200 NORTH 3RI LANTANA FL 33		200 NORTH 3RD STREET LANTANA FL 33462-2827					 						
					3. Date Incorporated or Qualified 02/01/1980			3a. Date of Last Report 03/05/1996					
· ·	ace of Business	2a. Mailing Address					4. FEI N					oplied For	
21		26					59-	1997247			 -	ot Applicable	
Suite, Apt. 4 22	#, etc	Suite, Apt. #, etc.					5. Certif	icate of Status Desire	d 🔲			Additional equired	
City & State	,	City & State					1	on Campaign Financi Fund Contribution	ng 🗀			May Be to Fees	
Ζφ 24	Country 25 ·	Ζιρ 29	Cou	ntry			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No						
	9. Name and Address of Curren	t Registered Agent					10. Name	and Address of Ne	w Registered	Agent			
KAC	ZWARA, TIMOTHY AND JANET			81	Nam	e Ti	MOTH	4 KAYE	.,	-			
	S.ATLANTIC DR.,W.			82	Stree	at Addres	ss (P.O. Bo	x Number is Not Acc	eptable)				
LAN	TANA FL 33462			\perp		34-	<u> </u>	OCEAN	BIND				
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li.				84	City	PAL	m Re	ACH	FI	85		Code V 8 C	
11. Pursuant t	d the provisions of Sections 607.050.	2 and 607.1508, Florida Statu	tes, the at	oove	name			nite this statement for	the nurnees	of chan	cino	to registered	
office or re agent. Lar	eg stered agent or both, in the State in familiar with, and accept the object.	of Florida. Such change was tions of, Section 607,0505, Fl	authorizeo orida Stat	d by utes	the co	orporation	n's board o	of directors. I hereby	accept the ar	pointm	ent as	registered	
SIGNATURE	Ø (XX)	ear wari						312	เปลา				
	Signature, typed or punited hamo of region led ago	nt and tell of applicable (NO)	E Registered	Ager	it signat	ure required	when reinstati		DATE				
12.	OFFIGERS AND		13.				ADDIT	ONS/CHANGES TO	OFFICERS AN				
TEILE	VPS	☐ DELETE	1.1 TO	TLE						[C	hange	Addition	
NAME	KAYE, VIRGINIA AKA KACZW		1.2 N/	ME									
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NAME	KACZWARA, TIMOTHY		2.2 N/	ME				e 0	۸				
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STREET ACORESS				ואליבו. דע פיז		2							

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 armual 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 regeiver 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: