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Mar 27 1998 8:00am CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (0)THE LANTANA BOWLING LANES, INC. Principal Place of Business Mailing Address 200 NORTH 3RD STREET 200 NORTH 3RD STREET LANTANA FL 33462 LANTANA FL 33462 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/01/1980 2. Principal Place of Business 2a, Mailing Address 4. FEI Numbe Applied For 26 Not Applicable 21 59-1997247 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing П 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 🗷 Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KAYE, TIMOTHY 3474 S OCEAN BLVD 82 Street Address (P.O. Box Number is Not Acceptable) PALM BEACH FL 33480 83 84 City 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, typod or printed name of registered agent and title if applicable (NGTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE NAME KAYE, VIRGINIA AKA KACZW 1.2 NAME 200 N 3RD ST STREET ADDRESS 1.3 STREET ADDRESS LANTANA FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE KACZWARA, TIMOTHY NAME 22 NAME 3474 S OCEAN BLVD STREET ADDRESS 2.3 STREET ADDRESS PALM BEACH FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition TITLE DELETE 61 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 14. Thereby certify that the information supplied with this filling 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.

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FLORIDA DEPARTMENT OF STATE

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