

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 704525 (5)
1. Corporation Name
GREATER MIAMI BOWLING ASSOCIATION, INC.



Principal Place of Business Mailing Address
7165 S W 47TH ST #316 MIAMI FL 33155
7165 S W 47TH ST #316 MIAMI FL 33155-4634

3. Date Incorporated or Qualified 09/14/1962
3a. Date of Last Report 03/14/1996

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

4. FEI Number 59-1038427 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
HARPER, HAROLD J.
7165 S W 47TH ST #316
MIAMI FL 33155

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|-----------------------------|---------------------------------|
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | GILLIES, BILL | |
| STREET ADDRESS | 12440 SW 109 CT | |
| CITY - ST - ZIP | MIAMI, FL 00000 | |
| TITLE | ST | <input type="checkbox"/> DELETE |
| NAME | HARPER, HAROLD J. | |
| STREET ADDRESS | 7165 SW 47TH ST. #316 | |
| CITY - ST - ZIP | MIAMI, FL 00000 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | WILLIAMS, TIMOTHY | |
| STREET ADDRESS | 11705 S.W. 81ST ROAD | |
| CITY - ST - ZIP | MIAMI, FL 00000 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | DELEONARDIS, JAMES | |
| STREET ADDRESS | 11225 SW 109TH AVENUE | |
| CITY - ST - ZIP | MIAMI FL | |
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | HUNTER, STEPHEN J | |
| STREET ADDRESS | 12945 SW 66TH TERRACE DRIVE | |
| CITY - ST - ZIP | MIAMI FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | HOLT, HERBERT F. | |
| STREET ADDRESS | 27442 SW 164 AVE | |
| CITY - ST - ZIP | HOMESTEAD FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---------------------|-----------------|--|
| 1.1 TITLE | V | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Boller, Paul | |
| 1.3 STREET ADDRESS | 14455 SW 98 Ct | |
| 1.4 CITY - ST - ZIP | Miami, FL 33176 | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY - ST - ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY - ST - ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY - ST - ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY - ST - ZIP | | |
| 6.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | Boone, Dave | |
| 6.3 STREET ADDRESS | 11260 NW 21 Ct | |
| 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 s. 617.03(1), 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: *Harold J. Harper* Harold J. Harper 3/6/97 305 668-2225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0031143

CR2E037 (9/96)