

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION ANNUAL REPORT 1995

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



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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 10 PM 2:02

DOCUMENT # 707114 (5)  
1. Corporation Name  
PALM BEACH BOWLING ASSOCIATION, INC. OF THE AMER  
ICAN BOWLING CONGRESS

Principal Place of Business Mailing Address  
3951 HAVERHILL ROAD 3951 HAVERHILL ROAD  
SUITE 212 SUITE 212  
WEST PALM BEACH FL 33417 WEST PALM BEACH FL 33417  
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/03/1964 3a. Date of Last Report 01/21/1994  
4. FEI Number 23-7457070 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  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

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

9. Name and Address of Current Registered Agent  
KNAPP, STEPHEN N.  
137 CAYMAN DR.  
PALM SPRINGS FL 22461-9003

10. Name and Address of New Registered Agent  
01 Name GEORGE PRYOR  
02 St 661 CASPER AVE  
03 WEST PALM BCH FL 33413  
04 City FL 05 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 607.0509, Florida Statutes.  
SIGNATURE *George C. Pryor* DATE 2-5-95  
Signature (typed or printed name, registered agent and title if applicable) (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AST KNAPP, STEPHEN N. 137 CAYMAN DRIVE PALM SPRINGS FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SERGEL, GARY 2319 LEWIS ROAD WEST PALM BEACH FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HASER, WILLIAM 3565 N. MOUNTAIN DR. WEST PALM BEACH FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V LAMB, JOHN DT TUC AWAY LANE LAKE WORTH FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD PRYOR, GEORGE 661 CASPER AVE W PALM BCH FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD KRONBERGER, RICHARD 103 CORTES AVE WEST PALM BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	JOHN SCHNEIDER VICE PRESIDENT 427 ANCHORAGE LANE N PALM BEACH, FL 33410 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	AST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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)(b), 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, trustee or person empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 or Block 14 or on an attachment with an address.

SIGNATURE: *G. R. Sergel* DATE: 2-5-95  
Signature (Typed or Printed Name of Signing Officer or Director)