

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 27 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 707114 (5)**

1. Corporation Name  
**PALM BEACH BOWLING ASSOCIATION, INC. OF THE AMERICAN BOWLING CONGRESS**



Principal Place of Business <b>3951 HAVERHILL ROAD SUITE 212 WEST PALM BEACH FL 33417 US</b>	Mailing Address <b>3951 HAVERHILL ROAD SUITE 212 WEST PALM BEACH FL 33417-8145 US</b>
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3. Date Incorporated or Qualified <b>04/03/1964</b>	3a. Date of Last Report <b>03/26/1996</b>
4. FEI Number <b>23-7457070</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**PRYOR, GEORGE  
661 CASPER AVE  
WEST PALM BCH FL 33413**

10. Name and Address of New Registered Agent

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>FL</b>
<b>85</b> 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 is 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 617.0502, Florida Statutes.

SIGNATURE **GEORGE PRYOR** *George Pryor* **2-8-97**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE <b>D</b>	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>GAYOOSH, STEVE</b>
STREET ADDRESS	<b>114 LA MANCHA AVE</b>
CITY-ST-ZIP	<b>ROYAL PALM SPRINGS FL 33411</b>
TITLE <b>D</b>	<b>ASTD</b> <input type="checkbox"/> DELETE
NAME	<b>SERDEL, GARY</b>
STREET ADDRESS	<b>2319 LEWIS ROAD</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>
TITLE <b>D</b>	<b>VD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>HASER, WILLIAM</b>
STREET ADDRESS	<b>3565 N. MOUNTAIN DR.</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>
TITLE <b>D</b>	<b>V</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>LAMB, JOHN</b>
STREET ADDRESS	<b>DT TUC AWAY LANE</b>
CITY-ST-ZIP	<b>LAKE WORTH FL</b>
TITLE <b>D</b>	<b>STD</b> <input type="checkbox"/> DELETE
NAME	<b>PRYOR, GEORGE</b>
STREET ADDRESS	<b>661 CASPER AVE</b>
CITY-ST-ZIP	<b>W PALM BCH FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 <b>D</b>	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>JOHN SCHNEIDER</b>
3.3 STREET ADDRESS	<b>427 ANCHORAGE LANE</b>
3.4 CITY-ST-ZIP	<b>NORTH PALM BEACH FL 33410</b>
4.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>JOE LAMBERT</b>
4.3 STREET ADDRESS	<b>3951 HAVERHILL RD SUITE 212</b>
4.4 CITY-ST-ZIP	<b>W. P. B. FL 33417</b>
5.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>GEORGE PRYOR</b>
5.3 STREET ADDRESS	<b>661 CASPER AVE</b>
5.4 CITY-ST-ZIP	<b>WEST PALM BCH. FL- 33413</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *George Pryor* **ASTD** **2-8-97** **561-640-4683**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0038335

CR2E037 (9/96)