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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 768836 (9)
1. Corporation Name
LOLLI-POPPERS CLOWN ALLEY #95, INC.

Principal Place of Business Mailing Address
6446-7TH AVENUE N. ST. PETERSBURG FL 33710
6446-7TH AVENUE N. ST. PETERSBURG FL 33710

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/09/1983	3a. Date of Last Report 05/26/1994
4. FEI Number 59-2746936	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
VOISSEM, JOHN
6446-7TH AVENUE N.
ST. PETERSBURG FL 33710

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

12. OFFICERS AND DIRECTORS

TITLE	TD
NAME	VOISSEM, JOHN
STREET ADDRESS	6446-7 AVE NO.
CITY - ST - ZIP	ST PETERSBURG, FL 00000
TITLE	P
NAME	CHRISTIAN, PEGGY
STREET ADDRESS	3584-66TH WAY N.
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	D
NAME	STATKUS, TIM
STREET ADDRESS	10641-95TH ST N.
CITY - ST - ZIP	LARGO FL
TITLE	S
NAME	WEBB, MAUREEN
STREET ADDRESS	3584-66TH WAY N.
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	D
NAME	BROWN, GINNY
STREET ADDRESS	3030 JACKSON ST N.
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	D
NAME	GALLAGHER, MARY ANN
STREET ADDRESS	4550 COVE CIR. APT 1207
CITY - ST - ZIP	MADEIRA BCH FL

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	THELMA LORENZO
2.3 STREET ADDRESS	3227-16th ST N
2.4 CITY - ST - ZIP	ST PETERSBURG, FL 33704
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BETTY QUILLIN
3.3 STREET ADDRESS	379 BAYVIEW DR N.E.
3.4 CITY - ST - ZIP	ST PETERSBURG, FL 33704
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ELAINE PETTIT
4.3 STREET ADDRESS	3062 MOCKINGBIRD CT
4.4 CITY - ST - ZIP	CLEARWATER, FL 34622
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	LUIS LORENZO
5.3 STREET ADDRESS	3227-16th ST N
5.4 CITY - ST - ZIP	ST PETERSBURG, FL 33704
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	PEGGY CHRISTIAN
6.3 STREET ADDRESS	3584-66TH WAY N
6.4 CITY - ST - ZIP	ST PETERSBURG, FL 33710

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 110.07(3)(k), 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: *John J. Voissem* JOHN J. VOISSEM 1/13/95 (813) 347-7349
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (MAYBE NEEDED)