

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 768836 (9)

1. Corporation Name  
LOLLI-POPPERS CLOWN ALLEY #95, INC.



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

3. Date Incorporated or Qualified: 06/09/1983  
3a. Date of Last Report: 03/01/1995  
4. FEI Number: 59-2746936  
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

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

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: TD	VOISSEM, JOHN 6446-7 AVE NO. ST PETERSBURG, FL 00000	1.1 TITLE: T/D	VOISSEM, JOHN
NAME: VOISSEM, JOHN		1.2 NAME: VOISSEM, JOHN	
STREET ADDRESS: 6446-7 AVE NO.		1.3 STREET ADDRESS: 6446-7TH AVE N	
CITY-ST-ZIP: ST PETERSBURG, FL 00000		1.4 CITY-ST-ZIP: ST PETERSBURG, FL 33710	
TITLE: P	LORENZO, THELMA 3227-16TH ST N ST. PETERSBURG FL	2.1 TITLE: P/D	ARTHUR, SANDIE
NAME: LORENZO, THELMA		2.2 NAME: ARTHUR, SANDIE	
STREET ADDRESS: 3227-16TH ST N		2.3 STREET ADDRESS: 12693-135TH ST N.	
CITY-ST-ZIP: ST. PETERSBURG FL		2.4 CITY-ST-ZIP: LARGO, FL 34644	
TITLE: D	QUILLIN, BETTY 379 BAYVIEW DR N.E. ST. PETERSBURG FL	3.1 TITLE: V/D	LORENZO, LUIS
NAME: QUILLIN, BETTY		3.2 NAME: LUIS LORENZO, LUIS	
STREET ADDRESS: 379 BAYVIEW DR N.E.		3.3 STREET ADDRESS: 3227-16 TH ST N	
CITY-ST-ZIP: ST. PETERSBURG FL		3.4 CITY-ST-ZIP: ST PETERSBURG, FL 33704	
TITLE: S	PETTIT, ELAINE 3062 MOCKINGBIRD CT CLEARWATER FL	4.1 TITLE: S/D	PETTIT, ELAINE
NAME: PETTIT, ELAINE		4.2 NAME: PETTIT, ELAINE	
STREET ADDRESS: 3062 MOCKINGBIRD CT		4.3 STREET ADDRESS: 3062 MOCKINGBIRD CT	
CITY-ST-ZIP: CLEARWATER FL		4.4 CITY-ST-ZIP: CLEARWATER, FL 34622	
TITLE: D	LORENZO, LUIS 3227-16TH ST N ST. PETERSBURG FL	5.1 TITLE: D	BECK, IAN ROBERT
NAME: LORENZO, LUIS		5.2 NAME: BECK, IAN ROBERT	
STREET ADDRESS: 3227-16TH ST N		5.3 STREET ADDRESS: 6516-20TH ST N	
CITY-ST-ZIP: ST. PETERSBURG FL		5.4 CITY-ST-ZIP: ST PETERSBURG, FL 33702	
TITLE: D	CHRISTIAN, PEGGY 3584-66TH WAY N ST. PETERSBURG FL	6.1 TITLE: D	DICKENS, SYLVIA
NAME: CHRISTIAN, PEGGY		6.2 NAME: DICKENS, SYLVIA	
STREET ADDRESS: 3584-66TH WAY N		6.3 STREET ADDRESS: 1934 W. FIG ST	
CITY-ST-ZIP: ST. PETERSBURG FL		6.4 CITY-ST-ZIP: TAMPA, FL 33606	

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)(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 1-22-96 (813) 347-7349  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DISTRICT PHONE #

CR2E037 (12/95)