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 Jan 17 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 # 768836 (9)  
 1. Corporation Name  
 LOLLI-POPPERS CLOWN ALLEY #85, INC.



Principal Place of Business Mailing Address  
 6446-7TH AVENUE N. ST. PETERSBURG FL 33710  
 6446-7TH AVENUE N. ST. PETERSBURG FL 33710-6914

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/09/1983	3a. Date of Last Report 02/07/1996
21	26	4. FEI Number 59-2746936	Applied For Not Applicable
22 Suite, Apt #, etc	27 Suite, Apt #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
VOISSEM, JOHN 6446-7TH AVENUE N. ST. PETERSBURG FL 33710		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD VOISSEM, JOHN 6446-7 AVE NO. ST PETERSBURG, FL 00000	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	P LORENZO, THELMA 3227 16TH ST N ST PETERSBURG FL	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	PD LORENZO, LUIS
STREET ADDRESS		2.3 STREET ADDRESS	3227-16TH ST N
CITY-ST-ZIP		2.4 CITY-ST-ZIP	ST PETERSBURG, FL 33710
TITLE	D QUILLIN, BETTY 379 BAYVIEW DR N.E. ST. PETERSBURG FL	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	SD ST RAPHAEL, POLLY
STREET ADDRESS		3.3 STREET ADDRESS	6931-3rd ST N
CITY-ST-ZIP		3.4 CITY-ST-ZIP	ST PETERSBURG, FL 33702
TITLE	SD PETTIT, ELAINE 3062 MOCKINGBIRD CT CLEARWATER FL	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	VD SANGER, CHUCK
STREET ADDRESS		4.3 STREET ADDRESS	891-85TH AVEN
CITY-ST-ZIP		4.4 CITY-ST-ZIP	ST PETERSBURG, FL 33707
TITLE	D LORENZO, LUIS 3227-16TH ST N ST. PETERSBURG FL	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	D PETTIT ELAINE
STREET ADDRESS		5.3 STREET ADDRESS	3062 MOCKINGBIRD CT
CITY-ST-ZIP		5.4 CITY-ST-ZIP	CLEARWATER, FL 34622
TITLE	D CHRISTIAN, PEGGY 3584-86TH WAY N ST. PETERSBURG FL	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<del>ARTHUR, SANDIE</del> ARTHUR, SANDIE
STREET ADDRESS		6.3 STREET ADDRESS	12693-135th ST N
CITY-ST-ZIP		6.4 CITY-ST-ZIP	LARGO, FL 34644

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 if changed, or in an attachment with an address.

SIGNATURE: *John Voissem* UNRECORDED JAN 6, 1997 (813) 347-7349  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0060702

CR2E037 (9/96)