

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N21228** (4)

1. Corporation Name

BOWLING TOURNAMENTS OF THE AMERICAS ASSOCIATION, INC.



Principal Place of Business: 17601 NW 2ND AVE MIAMI FL 33169
Mailing Address: 17601 NW 2ND AVE MIAMI FL 33169

3. Date Incorporated or Qualified: 05/04/1987
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0008563
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 (21-24) and 2a. Mailing Address (25-30) fields with sub-fields for Suite, Apt. #, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: CROWERS, PAULETTE, 406 NW 68 AVE, PLANTATION FL 33317

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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	PD	1.1 TITLE	
NAME	KRAUSER, FRANK	1.2 NAME	
STREET ADDRESS	3610 RIDGE ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	MAGUIRE, HORACE V.	2.2 NAME	
STREET ADDRESS	1821 N. 48TH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP	
TITLE	MST	3.1 TITLE	
NAME	CROWERS, PAULETTE	3.2 NAME	
STREET ADDRESS	406 NW 68TH AVE #102	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	KRAWITZ, TED	4.2 NAME	
STREET ADDRESS	1050 WILSHIRE CIR W	4.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	KELLY, DR. J. TERENCE	5.2 NAME	
STREET ADDRESS	11380 N.W. 27TH AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	SMITH, JOHN IL.	6.2 NAME	
STREET ADDRESS	1 141 ROUTE 2	6.3 STREET ADDRESS	
CITY-ST-ZIP	LANSING IA	6.4 CITY-ST-ZIP	

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: *Paulette Crowers* PAULETTE CROWERS Date: 4/23/96 Daytime Phone #: 305/652-4197

CR2E037 (12/95)