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FILED
May 07 1997 8:00am
Secretary of State

CORPORATION
ANNUAL REPORT
1995 97



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

DOCUMENT # N21228 (4)
 1. Corporation Name
BOWLING TOURNAMENTS OF THE AMERICAS ASSOCIATION, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/04/1987** 3a. Date of Last Report **05/01/1994**
 4. FEI Number **65-0008563** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$81.25 Supplemental Fee Not Required
 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip 28 Country 29 Zip 30 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 Name **Watson, Paulette**
 82 Street Address (P.O. Box Number is Not Acceptable) **844 NW 81 Way**
 83
 84 City **Plantation** FL 85 Zip Code **33324**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 *Paulette Watson* m/s DATE **4/20/97**
 Signature, typed or printed name of registered agent and fee I apply. NOTE: Registered Agent signature required when registering.

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KRAUSER, FRANK
STREET ADDRESS	3610 RIDGE ROAD
CITY - ST - ZIP	COOPER CITY FL
TITLE	VD
NAME	MAGUIRE, HORACE V.
STREET ADDRESS	1821 N. 48TH AVENUE
CITY - ST - ZIP	HOLLYWOOD FL
TITLE	MST
NAME	CROWERS, PAULETTE
STREET ADDRESS	406 NW 68TH AVE #102
CITY - ST - ZIP	PLANTATION FL
TITLE	D
NAME	KRAWITZ, TED
STREET ADDRESS	1050 WILSHIRE CIR W
CITY - ST - ZIP	PEMBROKE PINES FL
TITLE	D
NAME	KELLY, DR. J. TERENCE
STREET ADDRESS	11380 N.W. 27TH AVENUE
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	SMITH, JOHN L.
STREET ADDRESS	1 141 ROUTE 2
CITY - ST - ZIP	LANSING IA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	M/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WATSON, PAULETTE	
3.3 STREET ADDRESS	844 NW 81 Way	
3.4 CITY - ST - ZIP	Plantation, FL 33324	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	600002181316	
4.3 STREET ADDRESS	-05/16/97--01042--053	
4.4 CITY - ST - ZIP	NNN\$1.25	
5.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	MICHAEL ROMANIK	05
6.3 STREET ADDRESS	17601 NW 2 Ave	5/7/97
6.4 CITY - ST - ZIP	Miami, FL 33169	

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)(a), 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 in attachment with an address.

SIGNATURE: *Paulette Watson* PAULETTE WATSON 4/30/97 (305) 652-4197
 Signature and typed or printed name of signing officer or director