


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified
05/04/1987

4. FEI Number
65-0008563

Applied For	
Not Applicable	

21. Principal Place of Business Suite, Apt. #, etc.	2a. Mailing Address Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Zip	25. Country
29. Zip	30. Country

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

**WATSON, PAULETTE
 844 NW 81 WAY
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KRAUSER, FRANK	1.2 NAME	Fred Damianos PD
STREET ADDRESS	3610 RIDGE ROAD	1.3 STREET ADDRESS	20105 NE 3 Court, Condo 2
CITY-ST-ZIP	COOPER CITY FL	1.4 CITY-ST-ZIP	Miami, FL 33179
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	CD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAGUIRE, HORACE V.	2.2 NAME	Councilman Jules Litman
STREET ADDRESS	1821 N. 48TH AVENUE	2.3 STREET ADDRESS	17011 NE19th Ave.
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP	North Miami Beach, FL 33162
TITLE	MST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, PAULETTE	3.2 NAME	
STREET ADDRESS	844 NW 81 WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33324	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	VD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, DR. J. TERENCE	5.2 NAME	Thomas Romanik
STREET ADDRESS	11380 N.W. 27TH AVENUE	5.3 STREET ADDRESS	17601 NW 2nd Ave
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	Miami, FL 33169
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMANIK, MICHAEL	6.2 NAME	
STREET ADDRESS	17601 NW 2ND AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33169	6.4 CITY-ST-ZIP	

14. I 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 on an attachment with an address.

SIGNATURE: *Paulette Watson* **PAULETTE WATSON** 4/9/98 305-652-4197

CF2E037 (10/97)