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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90210 029 ****61.25

0033797

NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N21228

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

404858 - 90210 - 47



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/04/1987	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0008563	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24	25	29	30	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WATSON, PAULETTE 844 NW 81 WAY PLANTATION FL 33324				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAMIANOS, FRED		1.2 NAME		
STREET ADDRESS	20105 NE 3RD CT, CONDO 2		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33179		1.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LITMAN, JULES		2.2 NAME		
STREET ADDRESS	17011 NE 19TH AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	N-MIAMI BEACH FL 33162		2.4 CITY-ST-ZIP		
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	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROMANIK, THOMAS		5.2 NAME		
STREET ADDRESS	17601 NW 2ND AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33169		5.4 CITY-ST-ZIP		
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, with all other like empowered.

SIGNATURE: Paulette Watson **SIGNATURE REQUIRED** PAULETTE WATSON Date: Apr 16, 1999 Daytime Phone #: 305-652-4197

CR2E037 (1/1/98)