

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 9:27

DOCUMENT # **205908** (7)
7. Corporation Name
CROSSROADS BOWLING LANES INC

DO NOT WRITE IN THIS SPACE.

Principal Place of Business 10400 FLA AVE TAMPA FL 33612		Mailing Address 10400 FLA AVE TAMPA FL 33612		3. Date Incorporated or Qualified 09/14/1957	3a. Date of Last Report 04/18/1994
2. Principal Place of Business 21	2a. Mailing Address 26		4. FEI Number 16-0834319	Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 22		City & State 27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 23	Country 25	Zip 28	Country 30	8. This corporation has liability for intangible tax under S. 100.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GELLMAN, JACK 800 N E 195TH ST NO MIAMI BCH, FLORIDA				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	85 Zip Code FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOBBINS, TERRENCE	1.2 NAME	
STREET ADDRESS	8205 CLARHERST DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	EAST AMHERST, NY.	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GELLMAN, ARHTUR	2.2 NAME	
STREET ADDRESS	66 FOXHUNT LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	EAST AMHERST, NY 00000	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GELLMAN, GEORGE	3.2 NAME	
STREET ADDRESS	25 HUMMINGBIRD LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST AMHERST, N Y 00000	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GELLMAN, JACK	4.2 NAME	
STREET ADDRESS	800 N E 195TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	NO MIAMI BCH, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GELLMAN, PHILIP S	5.2 NAME	
STREET ADDRESS	637 MOUNTAIN VIEW DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	LEWISTON, N Y 00000	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 110.07(3)(4), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with amendments.

SIGNATURE:

Terrence P. Dobbins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TERRENCE DOBBINS Date **4/4/95** Daytime Phone # **714-833-4934**