

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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



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 **04/11/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 16-0834319		Applied For Not Applicable	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23	Zip	28	Country	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24	Country	29	Zip				
25		30					

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

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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Terrence J. Dobbins

TERRENCE DOBBINS

716-833-4934

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)