

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 # 244304

(2)

1. Corporation Name

COLISEUM LANES INC



Principal Place of Business

5700 COLLINS AVE
MIAMI BEACH FL 33140

Mailing Address

5700 COLLINS AVE
MIAMI BEACH FL 33140

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

KASOFF, LOUIS
605 IVES DAIRY RD.
N MIAMI FL 33179

3. Date Incorporated or Qualified

02/01/1961

3a. Date of Last Report

02/01/1995

4. FEI Number

59-0948187

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

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 607.01(2) and 607.01(8), 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 607.05(5), Florida Statutes.

SIGNATURE

Signature of Registered Agent (Print Name and Title)

Signature of Registered Agent (Print Name and Title)

(Date)

12. OFFICERS AND DIRECTORS

12.1	NAME	STREET ADDRESS	CITY, ST, ZIP	12.2	NAME	STREET ADDRESS	CITY, ST, ZIP
1	PD VINEBERG, HAROLD	5700 COLLINS AVE	MIAMI BEACH FL	1	VD PEAL, STANLEY	5404 N. BAY RD.	MIAMI BEACH FL
2	SD KASOFF, LOUIS (ASST)	605 IVES DAIRY RD.	N MIAMI FL	2			
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	NAME	STREET ADDRESS	CITY, ST, ZIP	13.2	NAME	STREET ADDRESS	CITY, ST, ZIP
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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. I am an officer or director of the corporation or the registered 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 affidavit with an address.

SIGNATURE: *Louis Kasoff* LOUIS KASOFF

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/96 305-653-2202

CR2E034 (12/95)