

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 # **481783** (9)

1. Corporation Name

PORT CHARLOTTE BOWLERAMA, INC.



Principal Place of Business

Mailing Address

**3192 HARBOR BLVD.
PORT CHARLOTTE FL 33952**

**3192 HARBOR BLVD.
PORT CHARLOTTE FL 33952**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified

08/05/1975

3a. Date of Last Report

03/17/1995

4. FEI Number

59-1614656

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SLATER, ROBERT D.
955 DON JUAN COURT
PUNTA GORDA FL 33950**

81 Name

ONUSHCO MICHAEL E.

82 Street Address (P.O. Box Number is Not Acceptable)

1220 VIA TRIPOLI

83

84 City

PUNTA GORDA

FL

85 Zip Code

33950

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: **MICHAEL E. ONUSHCO**

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

(NOTE: Registered Agent signature required when reinstating)

4/25/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **LANG, MARGARET**
STREET ADDRESS **960 DON JUAN**
CITY-ST-ZIP **PUNTA GORDA FL**

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **SLATER, EARL C**
1.3 STREET ADDRESS **355 TROUTDALE ST.**
1.4 CITY-ST-ZIP **PORT CHARLOTTE, FL 33954**

TITLE **VD** ☐ DELETE
NAME **ONUSHCO, MICHAEL E**
STREET ADDRESS **1220 VIA TRIPOLI**
CITY-ST-ZIP **PUNTA GORDA, FL 00000**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE
NAME **ONUSHCO, MICHAEL W**
STREET ADDRESS **3001 BAMBOO ST**
CITY-ST-ZIP **PUNTA GORDA, FL 00000**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE
NAME **SLATER, PATRICIA**
STREET ADDRESS **955 DON JUAN CT.**
CITY-ST-ZIP **PUNTA GORDA, FL 00000**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **PD** ☐ DELETE
NAME **SLATER, ROBERT D**
STREET ADDRESS **955 DON JUAN CT**
CITY-ST-ZIP **PUNTA GORDA, FL 00000**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96

DATE

941-625-4794

Daytime Phone

CR2E034 (12/95)