


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 29 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **481783** (9)  
1. Corporation Name  
**PORT CHARLOTTE BOWLERAMA, INC.**

Principal Place of Business <b>3192 HARBOR BLVD. PORT CHARLOTTE FL 33952</b>	Mailing Address <b>3192 HARBOR BLVD. PORT CHARLOTTE FL 33952</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>08/05/1975</b>	
4. FEI Number <b>59-1614656</b>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. <b>\$5.00</b> May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>ONUSHCO, MICHAEL E. 1220 VIA TRIPOLI PUNTA GORDA FL 33950</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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							
TITLE	D	<input type="checkbox"/> DELETE					
NAME	SLATER, EARL C.						
STREET ADDRESS	355 TROUTDALE ST.						
CITY-ST-ZIP	PORT CHARLOTTE FL						
TITLE	VD	<input type="checkbox"/> DELETE					
NAME	ONUSHCO, MICHAEL E						
STREET ADDRESS	1220 VIA TRIPOLI						
CITY-ST-ZIP	PUNTA GORDA, FL 00000						
TITLE	TD	<input type="checkbox"/> DELETE					
NAME	ONUSHCO, MICHAEL W						
STREET ADDRESS	3001 BAMBOO ST						
CITY-ST-ZIP	PUNTA GORDA, FL 00000						
TITLE	SD	<input type="checkbox"/> DELETE					
NAME	SLATER, PATRICIA						
STREET ADDRESS	955 DON JUAN CT.						
CITY-ST-ZIP	PUNTA GORDA, FL 00000						
TITLE	PD	<input type="checkbox"/> DELETE					
NAME	SLATER, ROBERT D						
STREET ADDRESS	955 DON JUAN CT						
CITY-ST-ZIP	PUNTA GORDA, FL 00000						
TITLE		<input type="checkbox"/> DELETE					
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME							
1.3 STREET ADDRESS							
1.4 CITY-ST-ZIP		<b>Zip 33954</b>					
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME							
2.3 STREET ADDRESS							
2.4 CITY-ST-ZIP		<b>Zip 33950</b>					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME							
3.3 STREET ADDRESS							
3.4 CITY-ST-ZIP		<b>Zip 33950</b>					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME							
4.3 STREET ADDRESS							
4.4 CITY-ST-ZIP		<b>Zip 33950</b>					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME							
5.3 STREET ADDRESS							
5.4 CITY-ST-ZIP		<b>Zip 33950</b>					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME							
6.3 STREET ADDRESS							
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)(l), 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: *Robert D. Slater* **ROBERT D. SLATER PRESIDENT 1/21/98 941-625-4794**

CR2E034 (10/97)