

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**DOCUMENT # 537701 (5)**

1. Corporation Name  
**PORT ST. LUCIE LANES, INC.**

**95 JAN 13 AM 9:32**

Principal Place of Business      Mailing Address  
**6759 SOUTH US #1      6759 SOUTH US #1  
PORT ST. LUCIE FL 34952-1427      PORT ST. LUCIE FL 34952-1427**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**06/22/1977      03/11/1994**

4. FEI Number      Applied For  
**59-1757347      Not Applicable**

2. Principal Place of Business      2a. Mailing Address

21      26

22 Suite, Apt. #, etc.      27 Suite, Apt. #, etc.

23 City & State      28 City & State

24 Zip      25 Country      29 Zip      30 Country

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

6. Election Campaign Financing            **\$5.00 May Be Added to Fees**

Trust Fund Contribution     

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent

**STONE, KENNETH L  
1119 ALAMEDA  
FT. PIERCE FL 34982**

10. Name and Address of New Registered Agent

01 Name

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

03

04 City      **FL**      05 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 \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>STONE, KENNETH L</b>
STREET ADDRESS	<b>1119 ALAMEDA</b>
CITY ST ZIP	<b>FT. PIERCE FL 34982</b>
TITLE	<b>V</b>
NAME	<b>ROON, ELIZABETH</b>
STREET ADDRESS	<b>1091 SPINNAKER AVE.</b>
CITY ST ZIP	<b>PT. ST. LUCIE FL 34952</b>
TITLE	<b>S</b>
NAME	<b>FURST, JAMES</b>
STREET ADDRESS	<b>465 SE SEABREEZE LN.</b>
CITY ST ZIP	<b>PT. ST. LUCIE FL 34952</b>
TITLE	<b>T</b>
NAME	<b>BORKOWSKI, STANLEY</b>
STREET ADDRESS	<b>755 SW SALERNO RD.</b>
CITY ST ZIP	<b>STUART FL 34997</b>
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(b), 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 the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Stanley Borkowski*      1-9-95      407-461-5390

STANLEY Borkowski Jr.