

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **537701** (5)

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



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

2. Principal Place of Business: 21
2a. Mailing Address: 26
22 State, Apt. #, etc.: 27
23 City & State: 28
24 Zip: 25 Country: 29
26 State, Apt. #, etc.: 27
27 City & State: 28
28 Zip: 29 Country: 30

3. Date Incorporated or Qualified: **06/22/1977**
3a. Date of Last Report: **01/13/1995**
4. FEI Number: **59-1757347** 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
**STONE, KENNETH L
1119 ALAMEDA
FT. PIERCE FL 34982**

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 607.0502 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 607.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

12.1 TITLE	P	<input type="checkbox"/> DELETE
12.2 NAME	STONE, KENNETH L	
12.3 STREET ADDRESS	1119 ALAMEDA	
12.4 CITY, ST., ZIP	FT. PIERCE FL 34982	
12.5 TITLE	V	<input type="checkbox"/> DELETE
12.6 NAME	ROON, ELIZABETH	
12.7 STREET ADDRESS	1091 SPINNAKER AVE.	
12.8 CITY, ST., ZIP	PT. ST. LUCIE FL 34952	
12.9 TITLE	S	<input type="checkbox"/> DELETE
12.10 NAME	FURST, JAMES	
12.11 STREET ADDRESS	465 SE SEABREEZE LN.	
12.12 CITY, ST., ZIP	PT. ST. LUCIE FL 34952	
12.13 TITLE	T	<input type="checkbox"/> DELETE
12.14 NAME	BORKOWSKI, STANLEY	
12.15 STREET ADDRESS	755 SW SALERNO RD.	
12.16 CITY, ST., ZIP	STUART FL 34997	
12.17 TITLE		<input type="checkbox"/> DELETE
12.18 NAME		
12.19 STREET ADDRESS		
12.20 CITY, ST., ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST., ZIP	
13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY, ST., ZIP	
13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY, ST., ZIP	
13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY, ST., ZIP	
13.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18 NAME	
13.19 STREET ADDRESS	
13.20 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 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 in an attachment with an address.

SIGNATURE: *Stanley Borkowski* **STANLEY BORKOWSKI-16-96** (407)461-5390
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)