

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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90102 032 ***150.00

UP304/3

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 537701

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

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; 30

3. Date Incorporated or Qualified: **06/22/1977**
 4. FEI Number: **59-1757347**
 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 owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent
FURST, JAMES
465 SE SEABREEZE LN
PT ST LUCIE FL 34983

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 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	FURST, JAMES	
STREET ADDRESS	465 SE SEABREEZE LN	
CITY-ST-ZIP	PT ST LUCIE FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	FRANKLIN, LLOYD	
STREET ADDRESS	612 RONNIE LANE	
CITY-ST-ZIP	PORT ST. LUCIE FL 33452	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	ROON, BETTY	
STREET ADDRESS	1091 SPINNAKER AVE	
CITY-ST-ZIP	PORT ST. LUCIE FL 33452	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BORKOWSKI, STANLEY	
STREET ADDRESS	1464 SE COLCHESTER CIRCLE	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BETTY ROON
2.3 STREET ADDRESS	1091 Spinnaker Ave.
2.4 CITY-ST-ZIP	Port St. Lucie, FL 33452
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	S/T Imogene Stone
3.3 STREET ADDRESS	1119 Alameda
3.4 CITY-ST-ZIP	Ft. Pierce, FL 33450
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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)(i), 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, with all other like empowered.

SIGNATURE: *James P. Furst Sr.* 5/6/99 361-461-5390
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)