**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 # 685098

1. Corporation Name

INTERNATIONAL BOWLING MANAGEMENT CORP

Principal Place of Business
8034 W. SAMPLE Rd
MARGATE, FL 33065

Mailing Address
SAME

3. Date Incorporated or Qualified: 8/25/1980
3a. Date of Last Report: 3/18/96

2. Principal Place of Business
21 8034 W. SAMPLE Rd
Suite, Apt. #, etc. 22
City & State 23 MARGATE FL
Zip 24 33065 Country 25 USA

2a. Mailing Address
26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: 59-2135226 — 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

AMENDED

10. Name and Address of New Registered Agent

81 Name: ALBERT J. ELIAS JR
82 Street Address (P.O. Box Number is Not Acceptable): 2900 NW 29TH AVE
83
84 City: BOCA RATON FL 85 Zip: 33434

11. Pursuant to the provisions of Section 607.0502 and 607.0508, 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: Albert J. Elias — ALBERT J. ELIAS JR — DATE: 4/6/96
Signature, typed or printed name of registered agent and title of officer if applicable
(NOT Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | BURTON MIGICOVSKY | ☒ DELETE |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | NAOMI MIGICOVSKY | ☒ DELETE |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---|---|---|
| 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | PRESIDENT ALBERT J. ELIAS III 2900 NW 29TH AVE BOCA RATON, FL 33434 | ☐ Change ☒ Addition |
| 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | VICE PRESIDENT LINDA E. THOMAS 2900 NW 29TH AVE BOCA RATON, FL 33434 | ☐ Change ☒ Addition |
| 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | SECRETARY/TREASURER JEANNE R. ELIAS 2900 NW 29TH AVE BOCA RATON, FL 33434 | ☐ Change ☒ Addition |
| 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | DIRECTOR ALBERT J. ELIAS JR 2900 NW 29TH AVE BOCA RATON, FL 33434 | ☐ Change ☒ Addition |
| 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |

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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 added to the attachment with an address.

**SIGNATURE:** Albert J. Elias — ALBERT J. ELIAS JR — 4/6/96 — 407-479-0684
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)