

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 08, 1999 8:00 am  
Secretary of State

04-08-1999 90016 029 \*\*\*150.00

DOCUMENT # 685098

1. Corporation Name  
INTERNATIONAL BOWLING MANAGEMENT CORP.

Principal Place of Business  
8034 W. SAMPLE ROAD  
MARGATE FL 33065-4714

Mailing Address  
8034 W. SAMPLE ROAD  
MARGATE FL 33065-4714

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/25/1980

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

ELIAS, ALBERT J JR.

~~2900 W 29 AVE~~

BOCA RATON FL ~~33434~~

33432

831 CAMINO GARDEN  
LN.

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 P ☐ DELETE

NAME ELIAS, ALBERT J III

STREET ADDRESS ~~2900 NW 29 AVE~~

CITY-ST-ZIP BOCA RATON FL 33434

TITLE D ☐ DELETE

NAME ELIAS, ALBERT J JR.

STREET ADDRESS ~~2900 NW 29 AVE~~

CITY-ST-ZIP BOCA RATON FL 33434

TITLE ST ☐ DELETE

NAME ELIAS, JEANNE R

STREET ADDRESS ~~2900 NW 29 AVE~~

CITY-ST-ZIP BOCA RATON FL 33434

TITLE V ☐ DELETE

NAME THOMAS, LINDA E

STREET ADDRESS ~~2900 NW 29 AVE~~

CITY-ST-ZIP BOCA RATON FL 33434

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

831 CAMINO GARDEN LN  
33432

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

831 CAMINO GARDEN LN  
33432

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

831 CAMINO GARDEN LN  
33432

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

831 CAMINO GARDEN LN  
33432

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0161398