


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 12 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Matham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **702170** (2)  
1. Corporation Name  
**BOWLING CENTERS ASSOCIATION OF FLORIDA, INC.**



Principal Place of Business <b>4319 EHRLICH RD TAMPA FL 33624 US</b>		Mailing Address <b>4319 EHRLICH RD TAMPA FL 33624 US</b>		3. Date Incorporated or Qualified <b>03/18/1961</b>	
2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country		4. FEI Number <b>59-2359587</b> Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		9. Name and Address of Current Registered Agent <b>LOIS M. KOSTROSKI 4319 EHRLICH RD TAMPA FL 33624</b>			
10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code					

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KOSTROSKI, LOIS</b>	1.2 NAME	<b>KEVIN KRAUSS</b>
STREET ADDRESS	<b>15400 CRAGGWAY CLIFF 4319 EHRLICH RD</b>	1.3 STREET ADDRESS	<b>8668 PARK BLVD.</b>
CITY-ST-ZIP	<b>TAMPA FL 33624</b>	1.4 CITY-ST-ZIP	<b>SEMINOLE FL 34647</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HINTZ, EARL</b>	2.2 NAME	<b>ADAM B. BELL</b>
STREET ADDRESS	<b>800 CHENEY MEY</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TITUSVILLE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WENTWORTH, BOB</b>	3.2 NAME	
STREET ADDRESS	<b>1530 EUDORA ROAD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MONT DORA FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUBBARD, RICHARD</b>	4.2 NAME	
STREET ADDRESS	<b>2250 FRUITVILLE RD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA F</b>	4.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DUCAT, MIKE</b>	5.2 NAME	<b>JOFF BOJE</b>
STREET ADDRESS	<b>2010 DUNDEE RD</b>	5.3 STREET ADDRESS	<b>609 CRATER LANE</b>
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	5.4 CITY-ST-ZIP	<b>TAMPA FL 33619</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_ 2/6/98 3:12 PM

CR2E037 (10/97)