


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90117 032 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 702170</b>					
1. Corporation Name <b>BOWLING CENTERS ASSOCIATION OF FLORIDA, INC.</b>					
Principal Place of Business <b>4319 EHRICH RD</b> <b>TAMPA FL 33624</b> <b>US</b>			Mailing Address <b>4319 EHRICH RD</b> <b>TAMPA FL 33624</b> <b>US</b>		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/18/1961	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2359587	
24 Country		29 Country		30	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	
6. Election Campaign Financing <input type="checkbox"/>				Trust Fund Contribution Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>LOIS M. KOSTROSKI</b> <b>4319 EHRICH RD</b> <b>TAMPA FL 33624</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				<b>FL</b>			

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		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	D	KOSTROSKI, LOIS		<input type="checkbox"/> DELETE			
NAME		4319 EHRICH RD					
STREET ADDRESS		TAMPA FL 33624					
CITY-ST-ZIP							
TITLE	D	HINTZ, EARL		<input checked="" type="checkbox"/> DELETE			
NAME		800 CHENEY HEY					
STREET ADDRESS		TITUSVILLE FL					
CITY-ST-ZIP							
TITLE	D	KRAUSS, KEVIN		<input type="checkbox"/> DELETE			
NAME		8668 PARK BLVD					
STREET ADDRESS		SEMINOLE FL 34647					
CITY-ST-ZIP							
TITLE	D	HUBBARD, RICHARD		<input type="checkbox"/> DELETE			
NAME		2250 FRUITVILLE RD					
STREET ADDRESS		SARASOTA F					
CITY-ST-ZIP							
TITLE	D	BOJE, JEFF		<input type="checkbox"/> DELETE			
NAME		609 CRATER LANE					
STREET ADDRESS		TAMPA FL 33619					
CITY-ST-ZIP							
TITLE				<input type="checkbox"/> DELETE			
NAME							
STREET ADDRESS							
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, with all other like empowered.

**SIGNATURE:** *[Signature]* **LOIS M. KOSTROSKI** 4/12/99 813/968-2124

CR2E037 (11/98)