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**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90122 032 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 705847**

1. Corporation Name

**BROWARD COUNTY BOWLING ASSOCIATION, INC.**

Principal Place of Business

7800 W OAKLAND PK BLVD  
210-D  
SUNRISE FL 33351  
US

Mailing Address

7800 W OAKLAND PK BLVD  
210-D  
SUNRISE FL 33351  
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	07/02/1963
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-0837637
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>
23	28	\$8.75 Additional Fee Required
Zip	Country	6. Election Campaign Financing
24	30	Trust Fund Contribution <input type="checkbox"/>
25	30	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

**RUSSELL, HARRY**  
**408 N.W. 21ST ST**  
**WILTON MANORS FL 33311**

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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD- President <input type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLSON, KENNETH	1.2 NAME	
STREET ADDRESS	11460 NW 32 PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAGOSO, RALPH	2.2 NAME	
STREET ADDRESS	6326 S.W. 23 ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL	2.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VPD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKULINA, RICHARD	3.2 NAME	Mooney, Samuel
STREET ADDRESS	6113 NORTHWEST 18TH STREET	3.3 STREET ADDRESS	6320 Pierce St.
CITY-ST-ZIP	MARGATE FL	3.4 CITY-ST-ZIP	Hollywood, Fl. 33024
TITLE	VPD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUSHACK, DEWEY	4.2 NAME	
STREET ADDRESS	7502 N.W. 30 PL	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABRAMS, JAMES	5.2 NAME	
STREET ADDRESS	7920 NW 8 COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL	5.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	6.1 TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL, HARRY	6.2 NAME	Russell Harry
STREET ADDRESS	408 NW 21 ST	6.3 STREET ADDRESS	2128 N.E. 62 Ct
CITY-ST-ZIP	WILTON MANORS FL	6.4 CITY-ST-ZIP	Ft Lauderdale, FL 33308-1301

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:

*Harry Russell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Jan 8, 99 954-747-3777  
Daytime Phone #

CR2E037 (11/98)