


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 707114 (5) 1. Corporation Name PALM BEACH BOWLING ASSOCIATION, INC. OF THE AMERICAN BOWLING CONGRESS					
Principal Place of Business 3951 HAVERHILL ROAD SUITE 212 WEST PALM BEACH FL 33417 US			Mailing Address 3951 HAVERHILL ROAD SUITE 212 WEST PALM BEACH FL 33417 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 04/03/1964 4. FEI Number 23-7457070 Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
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 PRYOR, GEORGE 661 CASPER AVE WEST PALM BCH FL 33413			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	VD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GAYOOSH, STEVE		1.2 NAME		
STREET ADDRESS	114 LA MANCHA AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM SPRINGS FL		1.4 CITY-ST-ZIP		
TITLE	ASTD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SERGEL, GARY		2.2 NAME		
STREET ADDRESS	2319 LEWIS ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		2.4 CITY-ST-ZIP		
TITLE	DPD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHNEIDER, JOHN		3.2 NAME		
STREET ADDRESS	427 ANCHORAGE LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH PALM BEACH FL		3.4 CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAMMERT, JOE		4.2 NAME		
STREET ADDRESS	3951 HAVERHILL RD., SUITE 212		4.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		4.4 CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PRYOR, GEORGE		5.2 NAME		
STREET ADDRESS	661 CASPER AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH FL		5.4 CITY-ST-ZIP		
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: _____

SIGNATURE REQUIRED

1-10-98 561-640-4683

CR2E037 (10/97)