

FILE NOW: FILING FEE IS \$61.25

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Feb 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **727642** (1)  
1. Corporation Name  
**GREATER MIAMI JUNIOR BOWLING ASSOCIATION, INC.**



Principal Place of Business <b>1930 NE 18<sup>TH</sup> ST NORTH MIAMI BEACH FL 33162 US</b>	Mailing Address <b>1930 NE 18<sup>TH</sup> ST NORTH MIAMI BEACH FL 33162 US</b>
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3. Date Incorporated or Qualified <b>10/04/1973</b>	
4. FEI Number <b>NOT APPLICABLE</b>	Applied For <b>Not Applicable</b>

2. Principal Place of Business <b>21 14455 S.W. 98 CT.</b> Suite, Apt. #, etc. <b>22 -</b>	2a. Mailing Address <b>26 14455 S.W. 98 CT.</b> Suite, Apt. #, etc. <b>27 -</b>
City & State <b>23 Miami, FLORIDA</b> Zip <b>24 33176</b>	City & State <b>28 Miami, FLORIDA</b> Zip <b>29 33176</b>
Country <b>25 U.S.A.</b>	Country <b>30 USA.</b>

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  
**REBECCA A. MURRAY  
1930 NE 18<sup>TH</sup> ST  
NORTH MIAMI BEACH FL 33162**

10. Name and Address of New Registered Agent <b>81 Name MARIA R. SMITH</b> <b>82 Street Address (P.O. Box Number is Not Acceptable) 14455 S.W. 98 CT.</b> <b>83</b> <b>84 City Miami FL 85 Zip Code 33176</b>
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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 **MARIA R. SMITH, SECY-TREA.** *Maria R. Smith, Secy-Trea* **1-20-98**  
Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE <b>DELETED</b>	<input type="checkbox"/> DELETE
NAME <b>MURRAY, REBECCA</b>	
STREET ADDRESS <b>1930 NE 18<sup>TH</sup> ST</b>	
CITY-ST-ZIP <b>NORTH MIAMI BEACH FL</b>	
TITLE <b>VP</b>	<input type="checkbox"/> DELETE
NAME <b>DELEONARDIS, JIM</b>	
STREET ADDRESS <b>11225 S.W. 109 AVE</b>	
CITY-ST-ZIP <b>MIAMI FL</b>	
TITLE <b>DELETED</b>	<input type="checkbox"/> DELETE
NAME <b>JIM DELEONARDIS</b>	
STREET ADDRESS <b>11225 SW 109TH AVE</b>	
CITY-ST-ZIP <b>MIAMI FL</b>	
TITLE <b>PRESIDENT</b>	<input type="checkbox"/> DELETE
NAME <b>RAUCH, MICKEY</b>	
STREET ADDRESS <b>10950 SW 105TH AVE</b>	
CITY-ST-ZIP <b>MIAMI, FL 00000</b>	
TITLE <b>DIRECTOR</b>	<input type="checkbox"/> DELETE
NAME <b>DILLON, JOAN</b>	
STREET ADDRESS <b>9352 SW 40TH TERR</b>	
CITY-ST-ZIP <b>MIAMI FL</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>CHILSON, MICKIE</b>	
STREET ADDRESS <b>10521 SW 142ND CT</b>	
CITY-ST-ZIP <b>MIAMI FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>SECY-TREAS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>MARIA R. SMITH</b>	
1.3 STREET ADDRESS <b>14455 SW 98 CT</b>	
1.4 CITY-ST-ZIP <b>MIAMI FLA 33176</b>	
2.1 TITLE <b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>MIKE PEDRO</b>	
2.3 STREET ADDRESS <b>8560 SW 126 Ter.</b>	
2.4 CITY-ST-ZIP <b>MIAMI FLA 33156</b>	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **MARIA R. SMITH, SECY-TREA** *Maria R. Smith* **1/10/98** **305 232-0044**

CR2E037 (10/97)