

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR 13 PM 2:35

DOCUMENT # 734227 (2)  
1. Corporation Name  
**DADE COUNTY BOWLERETTES, INC.**

Principal Place of Business Mailing Address  
4761 W. 8TH PL HIALEAH FL 33012  
4761 W. 8TH PL HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/31/1975  
3a. Date of Last Report 02/14/1994  
4. FEI Number 59-6522859  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 18460 NE 23 Ct. 26 18460 NE 23 Ct  
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.  
23 City & State N. Miami Beach, FL 28 N. Miami Beach, FL  
24 Zip 33160 25 Country USA 29 Zip 33160 30 Country USA

9. Name and Address of Current Registered Agent  
81 Name FRIEDMAN, ROBERT J  
82 Street Address (P.O. Box Number is Not Acceptable) 1920 E HALLANDALE BEACH BLVD HALLANDALE FL  
83  
84 City FL 85 Zip Code

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, Name or Printed Name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNELL, SARA J	12 NAME	
STREET ADDRESS	338 NE 89TH ST	13 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	14 CITY - ST - ZIP	
TITLE	V	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, JANE I	22 NAME	GOLDSTEIN, SHELLEY
STREET ADDRESS	5775 SW 34TH ST	23 STREET ADDRESS	9420 SW 102 Street
CITY - ST - ZIP	MIAMI FL	24 CITY - ST - ZIP	Miami, FL 33176
TITLE	D	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDMAN, ROBERT J	32 NAME	
STREET ADDRESS	1920 E HALLANDALE BLVD	33 STREET ADDRESS	
CITY - ST - ZIP	HALLANDALE, FL 00000	34 CITY - ST - ZIP	
TITLE	ST	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTGER, CARMEN H.	42 NAME	WANDER, WENDY
STREET ADDRESS	4761 W. 8TH PL	43 STREET ADDRESS	18460 NE 23 CT.
CITY - ST - ZIP	HIALEAH FL	44 CITY - ST - ZIP	N. Miami Beach, FL 33160
TITLE	D	51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHILSON, MICKIE	52 NAME	MARTINEZ, ROBERTA
STREET ADDRESS	10521 SW 142ND CT.	53 STREET ADDRESS	13390 NE 7TH AVE # 45
CITY - ST - ZIP	MIAMI FL	54 CITY - ST - ZIP	N. MIAMI, FL 33161
TITLE	D	61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDSTEIN, SHELLEY	62 NAME	BRYANT, YVONNE
STREET ADDRESS	9420 S.W. 102 ST.	63 STREET ADDRESS	4221 NW 190 ST
CITY - ST - ZIP	MIAMI FL	64 CITY - ST - ZIP	CAROL CITY FL 33055

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption defined in Section 110.07(3)(k), 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: Wendy Wander Wendy Wander 3/6/95 (305) 933 4707  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Yr