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Mar 16, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 734227

1. Corporation Name
DADE COUNTY BOWLERETTES, INC.

Principal Place of Business 18460 NE 23 CT. N. MIAMI BEACH FL 33160 US	Mailing Address 18460 NE 23 CT. N. MIAMI BEACH FL 33160 US
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2. Principal Place of Business # 717 21 1300 ST. CHARLES PL.	2a. Mailing Address 26 1300 ST. CHARLES PL	3. Date Incorporated or Qualified 10/31/1975
Suite, Apt. #, etc. 22 717	Suite, Apt. #, etc. 27 # 717	4. FEI Number 59-6522859
City & State 23 PEMBROKE PINES, FL	City & State 28 PEMBROKE PINES, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip Country 24 33026 25 US	Zip Country 29 33026 30 US	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent FRIEDMAN, ROBERT J 1920 E HALLANDALE BEACH BLVD HALLANDALE FL	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETTY, CAROLE	22 NAME	
STREET ADDRESS	18520 NW 82 AVE	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	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 <input checked="" type="checkbox"/> DELETE	41 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WANDER, WENDY	42 NAME	IRIS MANNING
STREET ADDRESS	18460 NE 23 CT.	43 STREET ADDRESS	1300 ST. CHARLES PL # 717
CITY-ST-ZIP	N. MIAMI BEACH FL	44 CITY-ST-ZIP	PEMBROKE PINES, FL 33026
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYANT, YVONNE	52 NAME	
STREET ADDRESS	4221 NW 190 ST.	53 STREET ADDRESS	
CITY-ST-ZIP	CAROL CITY FL	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: IRIS MANNING IRIS MANNING 3/1/99 (954) 435-0993
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)