

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Jan 29, 1999 8:00am  
Secretary of State

01-29-1999 90066 007 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION  
ANNUAL REPORT  
1999

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F93000000822

1. Corporation Name  
ROYAL PALMS BOWLING CENTER, INC.

Principal Place of Business  
800 US 27 SOUTH  
LAKE PLACID FL 33852  
US

Mailing Address  
800 US 27 SOUTH  
LAKE PLACID FL 33852  
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  
02/15/1993

4. FEI Number  
35-1878234

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MILES, ROBERT T SR.  
81 COLE DANLEY  
LAKE PLACID FL 33852

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
D	MILES, ROBERT T SR.		
123 NIEMAN STREET		1.3 STREET ADDRESS	
SUNMAN IN 47042		1.4 CITY-ST-ZIP	
STD	MILES, BARBARA M	2.1 TITLE	
123 NIEMAN STREET		2.2 NAME	
SUNMAN IN 47042		2.3 STREET ADDRESS	
PD	MILES, HENRY S	2.4 CITY-ST-ZIP	
328 LAKE JUNE RD		3.1 TITLE	
LAKE PLACID FL		3.2 NAME	
VPD	MILES, ROBERT T JR.	3.3 STREET ADDRESS	
123 NIEMAN STREET		3.4 CITY-ST-ZIP	
SUNMAN IN 47042		4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	
		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 607, 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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941  
1-11-99 699-0925  
Date

CR2E034 (1/98)