

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J97250 (1)

1. Corporation Name

BREVARD BOWLING CENTER, INC.



Principal Place of Business

Mailing Address

% BRUCE A. MITCHELL. ESO.
1825 S. RIVERVIEW DR
MELBOURNE FL 32901

% BRUCE A. MITCHELL. ESO.
1825 S. RIVERVIEW DR
MELBOURNE FL 32901

3. Date Incorporated or Qualified

10/12/1987

3a. Date of Last Report

03/28/1995

2. Principal Place of Business

21 c/o Victor S. Kostro

2a. Mailing Address

26 c/o Victor S. Kostro

4. FEI Number

59-2878307

Applied For

Not Applicable

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 has liability for intangible tax under s. 199.032
Florida Statutes ☐ Yes ☐ No

Suite, Apt. #, etc.

22 1825 S. Riverview Dr

Suite, Apt. #, etc.

27 1825 S. Riverview Dr

City & State

23 Melbourne, FL 32901

City & State

28 Melbourne, FL 32901

Zip

Country

24

25

Zip

Country

29

30

9. Name and Address of Current Registered Agent

MITCHELL, BRUCE A.
1825 S. RIVERVIEW DR
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

81 Name

KOSTRO, VICTOR S.

82 Street Address (P.O. Box Number is Not Acceptable)

1825 S. Riverview Drive

83

84

City
Melbourne

FL

85

Zip Code
32901

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 re-registering)

DATE

June 19, 1996

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
FRAUMENI, JOSEPH, JR
4851 S DAIRY ROAD
MELBOURNE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
DIPRIMA, JOSEPH
4851 S DAIRY ROAD
MELBOURNE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
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STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH FRAUMENI

6/19/96 (407) 723-7400

CR2E034 (3/96)