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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K92898

(1)

ALL PRO BOWLING AND DART SUPPLY, INC.

FILED Apr 27 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address	SS				, 1911 81411 91	*** ***** ***** ****	,, 5,6,, (20,
3833 N POWE		ALL PRO BOWLING AND DART SUPPLY, INC. 3833 N POWERLINE RD			DO NOT WE	NTE IN TUR	¢ ¢bace		
FT LAUDERDA	ILE FL 33309	FT LAUDERDALE FL 33309			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
						06/05/1989	3 U		
9 Principal PI	ace of Business	2a. Mailing Address				4. FEI Number		1 14	oplied For
-	ace of Busiliess	26			65-0127612		- + -	ot Applicable	
Suite, Apt.	# elc	Suite, Apt #, etc.			03 0121012			Additional	
22	, dio.	27			5. Certificate of Status Desired			equired	
City & State)	City & State			6. Election Campaign Financin	· ····································		May Be	
23		28		Trust Fund Contribution	" 🔲		to Fees		
Zip	Country	Zip	Сол	untry		8. This corporation owes or has	paid the c	urtent year Int	tangible
24	25	29	30			Personal Property Tax due J			Üой
	9. Name and Address of Current	t Registered Agent				10. Name and Address of New	Registere	d Agent	
GELFAND, MARK					Name				
	3 N. POWERLINE ROAD		82 Street Ad		Street Add	Iress (P.O. Box Number is Not Acce	ntable)		
	LAUDERDALE FL 33309			62	Street Add	iress (F.O. Dox Number is Not Acce	nabioj		
				83					
									01-
				84	City		F	L 85 Zip	Code
office or re	o the provisions of Sections 607.0502 egistered agent, or both, in the State in familiar with, and accept the obligations.	of Florida. Such change wa	is authorize	ed by	the corpora	poration submits this statement for the statement for the statement of directors. I hereby ac	ne purpose scept the ap	of changing it ppointment as	ts registered registered
SIGNATURE						ired when reinstating)	DATE		
12.	Signature, typed or printed name of registered ager OFFICERS AND	 	13.	naga ac	it signatore requi	ADDITIONS/CHANGES TO O		ND DIRECTOR	3S IN 12
TITLE	P	DELETE	1.1]	(T) F		ADDITIONO/OFFANGES TO O	TIOLITO AI	Change	Addition
NAME	FREEMAN, DANIEL			1,2 NAME					
STREET ADDRESS	526 NE 42ND CT.			1.3 STREET ADDRESS					
I	FT LAUDERDALE FL 33334		1.4 0						
CITY-ST-ZIP TITLE	STGD	DELETE	DELETE 2.1		~20			Change	☐ Addition
NAME	GELFAND, MARK,	_		2.2 NAME					
STREET ADDRESS	3833 N. POWERLINE ROAD			2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP					
	FT. LAUDERDALE FL 33309								
CITY-ST-ZIP TITLE		□ DELEŢĖ	DELETE 3.1 T		1-211			Change	Addition
NAME			3.2 N						
STREET ADDRESS					ADDRESS				ļ
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CITY-ST-ZIP TITLE		DELETE	4.1 T		1-20			Change	Addition
NAME				NAME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		DELETE	5.1 T	OTTY-ST	- 211"			Change	Addition
TITLE NAME		L DELLIE	5.1 I						
					ADDDE ČO				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		DELETE		HY-ST	- ZIP			Change	Addilion
TITLE			611					Change	- Fudition
NAME				IAME					
STREET ADDRESS					ADDRES\$				
CITY-ST-7IP			640	HTY-ST	- Z!P				

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 enpowered 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.

on an attachment with an address Mark Gliffend We Secu-Trees

12x /98 (984) 126-4848

R2E034 (10/97)