

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
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DOCUMENT # **L19751** (1)

1. Corporation Name

ALL STAR LANES OF LAKE LAND, INC.

Principal Place of Business

Mailing Address

PO BOX 90156
LAKE LAND FL 33804
US

PO BOX 90155
LAKE LAND FL 33804
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/28/1989	3a. Date of Last Report 09/22/1995
21. 1300 KENNEDY BLVD	26. Suite, Apt. #, etc.	22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	4. FEI Number 59-2977143	Applied For Not Applicable
23. LAKE LAND, FLORIDA	28. City & State	24. 33810	25. US	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
29. 33810	30. US	31. 33810	32. US	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OSTEEN, GARY M
1300 KENNEDY BLVD.
LAKE LAND FL 33809

81. Name **DANA C. HENSON**
82. Street Address (P.O. Box Number is Not Acceptable)
1300 KENNEDY BOULEVARD
83.
84. City **LAKE LAND** FL 85. Zip Code **33810**

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

Dana C. Henson

DANA C. HENSON

7-22-96

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

(NOTE: Registered Agent signature required when reinstating.)

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11. TITLE	PRESIDENT
NAME	OSTEEN, GARY M.	12. NAME	DANA C. HENSON
STREET ADDRESS	1300 KENNEDY BLVD.	13. STREET ADDRESS	1300 KENNEDY BLVD
CITY - ST - ZIP	LAKE LAND FL 33809	14. CITY - ST - ZIP	LAKE LAND, FL 33810
TITLE		21. TITLE	
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY - ST - ZIP		24. CITY - ST - ZIP	
TITLE		31. TITLE	
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY - ST - ZIP		34. CITY - ST - ZIP	
TITLE		41. TITLE	
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY - ST - ZIP		44. CITY - ST - ZIP	
TITLE		51. TITLE	
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY - ST - ZIP		54. CITY - ST - ZIP	
TITLE		61. TITLE	
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY - ST - ZIP		64. CITY - ST - ZIP	

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(4)(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:

Dana C. Henson

DANA C. HENSON

7-22-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Director's Phone #

CR2E034 (3/96)