FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

'95 MAR -3 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M16046 (8)

1. Corporation Name
RITZ BOWLING, INC.

Principal Place of Business	Mailing Address
8500 NW 44TH ST. SUNRISE FL 33351-6004	8500 NW 44TH ST. SUNRISE FL 33351-6004

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/30/1985
3a. Date of Last Report: 02/08/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 59-2563255 ☐ 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

9. Name and Address of Current Registered Agent

ELIAS, ALBERT J. JR.
2900 NW 29TH AVE.
BOCA RATON FL 33434

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE		☐ Change ☐ Addition
NAME	ELIAS, LINDA R.	12 NAME		
STREET ADDRESS	8500 NW 44TH STREET	13 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL	14 CITY-ST-ZIP		
TITLE	VP	21 TITLE		☐ Change ☐ Addition
NAME	ELIAS, ALBERT J. III	22 NAME		
STREET ADDRESS	8500 NW 44TH STREET	23 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL	24 CITY-ST-ZIP		
TITLE	ST	31 TITLE		☐ Change ☐ Addition
NAME	ELIAS, JEANNE R.	32 NAME		
STREET ADDRESS	8500 NW 44TH STREET	33 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL	34 CITY-ST-ZIP		
TITLE	CH	41 TITLE		☐ Change ☐ Addition
NAME	ELIAS, ALBERT J. JR.	42 NAME		
STREET ADDRESS	8500 NW 44TH STREET	43 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	ELIAS, SUSAN M.	52 NAME		
STREET ADDRESS	8500 NW 44TH STREET	53 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	ELIAS, DEANNA R.	62 NAME		
STREET ADDRESS	8500 NW 44TH STREET	63 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL	64 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this report is voluntarily furnished and 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 above, or on an attachment with an address.

SIGNATURE: Albert J. Elias ALBERT J. ELIAS JR 2/27/95 407-479-0684
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OR OFFICER OR DIRECTOR — Daytime Phone #

0038818 CP