

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M16046** (8)

1. Corporation Name

RITZ BOWLING, INC.



Principal Place of Business

**8500 NW 44TH ST.
SUNRISE FL 33351-6004**

Mailing Address

**8500 NW 44TH ST.
SUNRISE FL 33351-6004**

3. Date Incorporated or Qualified
05/30/1985

3a. Date of Last Report
03/03/1995

2. Principal Place of Business

21

State, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

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

Signature typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

P

ELIAS, LINDA R.

NAME

8500 NW 44TH STREET

STREET ADDRESS

SUNRISE FL

CITY - ST - ZIP

TITLE

VP

ELIAS, ALBERT J. III

NAME

8500 NW 44TH STREET

STREET ADDRESS

SUNRISE FL

CITY - ST - ZIP

TITLE

ST

ELIAS, JEANNE R.

NAME

8500 NW 44TH STREET

STREET ADDRESS

SUNRISE FL

CITY - ST - ZIP

TITLE

CH

ELIAS, ALBERT J. JR.

NAME

8500 NW 44TH STREET

STREET ADDRESS

SUNRISE FL

CITY - ST - ZIP

TITLE

D

ELIAS, SUSAN M.

NAME

8500 NW 44TH STREET

STREET ADDRESS

SUNRISE FL

CITY - ST - ZIP

TITLE

D

ELIAS, DEANNA R.

NAME

8500 NW 44TH STREET

STREET ADDRESS

SUNRISE FL

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 (if changed), or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALBERT J. ELIAS JR 2/29/96 305-749-1400

CR2E034 (12/95)