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Mar 20 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 03/06/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 _____ (Type or print name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when re-stating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
FILE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	ELIAS, LINDA R.	1.2 NAME	
STREET ADDRESS	8500 NW 44TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	ELIAS, ALBERT J. III	2.2 NAME	
STREET ADDRESS	8500 NW 44TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	☐ Change ☐ Addition
NAME	ELIAS, JEANNE R.	3.2 NAME	
STREET ADDRESS	8500 NW 44TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	3.4 CITY-ST-ZIP	
TITLE	CH	4.1 TITLE	☐ Change ☐ Addition
NAME	ELIAS, ALBERT J. JR.	4.2 NAME	
STREET ADDRESS	8500 NW 44TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	ELIAS, SUSAN M.	5.2 NAME	
STREET ADDRESS	8500 NW 44TH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	ELIAS, DEANNA R.	6.2 NAME	
STREET ADDRESS	8500 NW 44TH STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	6.4 CITY-ST-ZIP	

14. I do 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 included 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 of this report. I am attaching with an address.

SIGNATURE: *Albert J. Elias Jr.* ALBERT J. ELIAS JR. 3/14/97 954-749-1400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)