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

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 16, 1999 8:00 am
Secretary of State
04-16-1999 90025 018 ***150.00

DOCUMENT # **M16046**

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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualifed
05/30/1985

4. FEI Number
59-2563255
☐ Applied For
☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ELIAS, ALBERT J. JR.
~~2900 NW 29TH AVE.~~ 831 CAMINO GARDEN LN
BOCA RATON FL ~~33434~~ 33432

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ELIAS, LINDA R.		1.2 NAME		
STREET ADDRESS	~~8500 NW 44TH STREET~~ OK		1.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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		

CR2E034 (11/98)

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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Albert J Elias SIGNATURE ALBERT J. ELIAS JR 4/10/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #