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May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N12399** (4)

1. Corporation Name

SENIOR BOWLING CLUBS OF FLORIDA, INC.



Principal Place of Business	Mailing Address
2521 CHAPEL WAY TAMPA FL 33618-4504 US	2521 CHAPEL WAY TAMPA FL 33618-4504 US

3. Date Incorporated or Qualified 12/05/1985	3a. Date of Last Report 04/26/1996
4. FEI Number 59-2656506	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
PHILLIPS, GEORGE W., ATTY. 8001 N. DALE MABRY HIGHWAY SUITE 501H TAMPA FL 33614

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	ROSEN, MILTON
STREET ADDRESS	4305 MILLBROOK
CITY-ST-ZIP	TAMPA FL
TITLE	VPD <input type="checkbox"/> DELETE
NAME	ARNIE DENISON
STREET ADDRESS	17871-C JAMESTOWN WAY
CITY-ST-ZIP	LUTX FL
TITLE	VPD <input type="checkbox"/> DELETE
NAME	BERKELEY, JEAN
STREET ADDRESS	3206 W PEARL
CITY-ST-ZIP	TAMPA FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	WETHERINGTON, MARGE
STREET ADDRESS	2521 CHAPEL WAY
CITY-ST-ZIP	TAMPA FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	VOLKMAN, ROBERT
STREET ADDRESS	2508 MOBILAIRE
CITY-ST-ZIP	LUTZ FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	WELTY, VERNA
STREET ADDRESS	6016 TOWN COUNTRY BLVD.
CITY-ST-ZIP	TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JIM VALLA
1.3 STREET ADDRESS	4704 LODSTONE DR.
1.4 CITY-ST-ZIP	TAMPA, FL 33615-4920
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	RECORDING SECRETARY <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ALICE BAER
5.3 STREET ADDRESS	3014 W. JEROME DR.
5.4 CITY-ST-ZIP	TAMPA, FL 33612
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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: *Marge Wetherington* (REQUIRED) *(M VALLA)* 4-24-97 (813) 932-8432
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0048449

CR2E037 (9/96)