FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

AND FILED

CORPORATION ANNUAL REPORT **1995**

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

95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N38671** **(6)**

1. Corporation Name

GOLD COAST BOWLING CENTERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
17601 NW 2ND AVE MIAMI FL 33169	17601 NW 2ND AVE MIAMI FL 33169

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/11/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0201024 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 4135-HAVERHILL RD.	26 4135-HAVERHILL-RD.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 LAKE-WORTH, FL.	City & State 28 LAKE-WORTH, FL.
Zip 24 33463 Country 25 P.O.	Zip 29 33463 Country 30 P.O.

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROMANIK, THOMAS 17601 NW 2ND AVE MIAMI FL 33169	81 Name: F.A. CENTOLELLA 82 Street Address (P.O. Box Number is Not Acceptable): 4135-HAVERHILL-RD 83: L 84 City: LAKE-WORTH, FL 85 Zip Code: 33463

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: F.A. Centolella EXECUTIVE-DIRECTOR 3/28/95
(Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	ST	11 TITLE	EXECUTIVE-DIRECTOR	☑ Change ☐ Addition
NAME	CENTORELLO, FRANK	12 NAME	F.A. CENTOLELLA	
STREET ADDRESS	4135 HAVERHILL RD.	13 STREET ADDRESS	SAME	
CITY-ST-ZIP	LAEK WORTH FL 33463	14 CITY-ST-ZIP		
TITLE	D	21 TITLE	SECT./TREAS.	☐ Change ☑ Addition
NAME	GAGER, ROBERT	22 NAME	RITCHIE-BUTERA	
STREET ADDRESS	13600 N. KENDALL DR.	23 STREET ADDRESS	350-MAPLEWOOD DR.	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	JUPITER, FL. 33458	
TITLE	PD	31 TITLE	BILLY-WILLIAMS, SR.	☑ Change ☐ Addition
NAME	FAZIO, DONALD	32 NAME	VICE-PRESIDENT	
STREET ADDRESS	8501 N. UNIVERSITY DR.	33 STREET ADDRESS	6124 LAKE WORTH-RD.	
CITY-ST-ZIP	TAMARAC FL	34 CITY-ST-ZIP	LK. WTH., FL. 33463	
TITLE	VD	41 TITLE	PRESIDENT	☑ Change ☐ Addition
NAME	ROMANIK, THOMAS	42 NAME	TOM-ROMANIK	
STREET ADDRESS	17601 NW 2ND AVENUE	43 STREET ADDRESS	SAME	
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE	D	☐ Change ☑ Addition
NAME	JIM CARTER	52 NAME	KEN THOMAS	
STREET ADDRESS	111 SO. HOMESTEAD-BLVD.	53 STREET ADDRESS	6591-SO. MILITARY-TR.	
CITY-ST-ZIP	HOMESTEAD, FL. 33030	54 CITY-ST-ZIP	LAKE-WORTH, FL. 33463	
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	PAT PAPKE	62 NAME		
STREET ADDRESS	2020-NO. STATE-RD. A7	63 STREET ADDRESS		
CITY-ST-ZIP	MARGATE, FL. 33063	64 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)(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: [signature] 3/28/95 (407)966-9777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

00421M