

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 6:30

DOCUMENT # N43998 (6)

1. Corporation Name

PIG BOWL ALUMNI ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/21/1991 3a. Date of Last Report 03/25/1994
4. FEI Number 65-0266034 Applied For Not Applicable

Principal Place of Business Mailing Address
% ALLEN S. LOWY 14455 LAKE CANDLEWOOD CT MIAMI LAKES FL 33014
% ALLEN S. LOWY 14455 LAKE CANDLEWOOD CT MIAMI LAKES FL 33014
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 Country 29 Zip Country 30
24 25 29 30

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

LOWY, ALLEN S.
14455 LAKE CANDLEWOOD CT
MIAMI LAKES FL 33014

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 title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME ROELL, THOMAS J.
STREET ADDRESS 1560 SW 54TH AVE.
CITY - ST - ZIP PLANTATION FL
TITLE VD
NAME SILVANI, JOSEPH
STREET ADDRESS 10800 SW 211 ST
CITY - ST - ZIP MIAMI FL
TITLE SD
NAME RODRIGUEZ, MARIO
STREET ADDRESS 2330 NW 15 ST
CITY - ST - ZIP MIAMI FL
TITLE TD
NAME LOWY, ALLEN S.
STREET ADDRESS 14455 LAKE CANDLEWOOD CT
CITY - ST - ZIP MIAMI LAKES FL
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE Change 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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:

Allen S. Lowy

ALLEN S. LOWY

FEB 25 1995

305-621-7479

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number