## **FILE NOW: FILING FEE IS \$61.25**

**NGMPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

|   | 1998   | 197  |                     |                  | Se                         | cretary                  | of St           | ate              |  |
|---|--|--|---------------------|------------------|----------------------------|--------------------------|-----------------|------------------|--|
| DOCU<br>1. Gorporation                  | MENT # N9400   | 00000104 (9  | )                   |                  |                            | J                        |                 |                  |  |
|   |  | C.   |                     |                  |                            |                          |                 |                  |  |
|   |  |  |                     |                  |                            |                          |                 |                  |  |
| Principal Plac                          | Maling Address  Maling Address |  |                     |                  |                            |                          |                 |                  |  |
|   |  |  |                     |                  | 3. Date Incorpo            | rated or Qualified       | , <del>.</del>  | <del></del>      |  |
|   |  |  |                     |                  | ,                          |                          |                 |                  |  |
| İ                                       |  |  |                     |                  | . i                        | 2200                     |                 | Applied For      |  |
| 2. Principal P                          | Place of Business  | 2a. Mailing Address  | 2a. Mailing Address |                  |                            | 7                        | 60.7            | Not Applicable   |  |
| 21                                      |  | <del></del>  | <del></del>         |                  |                            |                          |                 |                  |  |
| Suite, Apt. #, etc. Suite, Apt. #, etc. |  |  |                     | ·-               |                            |                          | \$5.0           | 0 May Be         |  |
| City & Stal                             | <u></u>  |  |                     |                  |                            |                          |                 |                  |  |
| 23                                      | ic.  |  |                     |                  |                            |                          |                 |                  |  |
| Zîp                                     | Country  |  | <b>⊢</b>            | ıntry            | 8. This corporal           | ion owes or has paid t   | he current year |                  |  |
| 24                                      |  |  |                     |                  |                            |                          |                 |                  |  |
| <del></del> -                           | 9. Name and Address of Curre   | nt Registered Agent  |                     | 81 Name          |                            | daress of New Regis      | erea Agent      |                  |  |
| IAMBE                                   | RT MIMI  |  |                     |                  |                            |                          |                 |                  |  |
| 240 ANDERSON DR                         |  |  |                     | 62 Street        | Address (P.O. Box Numi     | er is Not Acceptable)    |                 |                  |  |
| MARY ESTHER FL 32569-1804               |  |  |                     | 83               |                            |                          |                 |                  |  |
|   |  |  |                     | 84 City          |                            |                          | 85 Z            | ip Code          |  |
| 11 Pregnant                             | to the provisions of Sections 617 05   | 02 and 617 1508 Florida Statut                                 | as the a            | pove-usmec       | cornoration submits this   | statement for the purn   |                 | r ite registered |  |
| office or r                             | registered agent, or both, in the State  | e of Florida. Such change was a state of Section 617,0503. Ele | authorize           | d by the cor     | poration's board of direct | ors. I hereby accept the | e appointment   | as registered    |  |
| SIGNATURE                               | THE CONTRACTOR OF THE CONTRACT | jations of occiton of 11.0000, 11                              | AIGA OIA            | iutęs.           |                            | 1                        |                 | ю.               |  |
|   |  |  |                     | d Agent signatur |                            |                          |                 |                  |  |
| 12.                                     | , <del></del>  |  | _                   | TI C             | ADDITIONS/CI               | HANGES TO OFFICER        |                 |                  |  |
| NAME                                    | 1  | _ ::   |                     |                  |                            |                          | டுக்க           | a                |  |
| STREET ADORESS                          |  |  | - 1                 |                  |                            |                          |                 |                  |  |
| CITY-ST-ZIP                             |  |  | 1.4 C               | TY-ST-ZIP        |                            |                          | 5               |                  |  |
| TITLE                                   | 1  | ☐ DELETE   | 2.1 ∏               | TLE              |                            | · · · · ·                | Chang           | e Addition       |  |
| NAME                                    |  |  |                     |                  |                            |                          |                 |                  |  |
| STREET ADDRESS                          | 1  |  |                     |                  | ]                          |                          |                 |                  |  |
| TITLE                                   |  | DELETE   |                     |                  |                            |                          | Chang           | e Addition       |  |
| NAME                                    |  |  |                     |                  |                            |                          |                 |                  |  |
| STREET ADDRESS                          | · · · · · •  |  |                     |                  | İ                          |                          |                 | -                |  |
| CITY-ST-ZIP                             |  |  | 3.4. C              | ITY-ST-ZIP       |                            |                          |                 |                  |  |
| TITLE                                   |  | ☐ DELETE   |                     |                  |                            | I                        | Chang           | e 🔲 Addition     |  |
| NAME                                    |  |  |                     |                  |                            |                          |                 |                  |  |
| STREET ADDRESS                          |  |  | 1                   |                  |                            | 1                        |                 |                  |  |
| CITY-ST-ZIP<br>TITLE                    |  | ☐ DELETE   |                     |                  |                            |                          | Change          | e Addition       |  |
| NAME                                    | MYERS, DEBBIE  | <u> </u>   | 5.2 N/              |                  |                            |                          | 9               |                  |  |
| STREET ADDRESS                          | 17441 WILLIAMSBURG DR  |  |                     | REET ADDRESS     |                            | 1                        |                 |                  |  |
| CITY - ST - ZIP                         | N. FT. MYERS FL  |  |                     | TY-ST-ZIP        |                            |                          |                 |                  |  |
| TITLE                                   | ADD  | JE DELETE  | 6,1 TI              |                  | ADD_                       | Ē                        | Change          | e 🔲 Addition     |  |
| NAME                                    | ANN CRAWFORD,  |  | 6.2 N/              | WE               | Jeri Jones                 | = <u> </u>               | '               |                  |  |

CANTONMENT FL 14. Thereby certify that the information supplied with this filling 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. CITY-ST-ZIP

SIGNATURE: MIMI LAMBERT

11/15/98

850/581-1357

**FILED** 

Feb 02 1998 8:00am

## FLORIDA BOWLING QUEENS

CORPORATION ANNUAL REPORT

JANUARY 14, 1998

FLORIDA BOWLING QUEENS, INC OFFICERS AND DIRECTORS, CONTINUED DOCUMENT NUMBER N9400000109(9)

ADD 2
Mary Frank
8930 Chiswick Court Jacksonville, F1 32257

ADD 3 Dorothy Leigh 14525 62nd Street No Clearwater, F1 33760

ADD 4
Cathy Henry
6643 Celeste Lane New Port Richey, F1 34653

ADD 5
Jennie Mero
P.O. Box 464 DeLeon Springs, F1 32130

ADD 6 Anne Locke 6186 39th Street, Vero Beach, F1 32966

ADD 7
Carolyn Trump
7617 Grady Drive N Ft Myers, F1 33917

ADD 8
Lee Harvey
5802 Banana Road West Palm Beach, F1 33413

ADD 8
Judy Fought
14120 Sullivan Street Spring Hill, F1 34609

ADD 10 Jan Campbell 8300 NW 172nd Street Hialeah, F1 33015