

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Jul 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P12139 (2)

1. Corporation Name
AMF BOWLING, INC.

Principal Place of Business

8800 AMF DRIVE
RICHMOND VA 23111
US

Mailing Address

POST OFFICE BOX 15080
RICHMOND VA 23227

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/14/1986	3a. Date of Last Report 02/09/1996
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2. Principal Place of Business 21 8100 AMF DRIVE Suite, Apt. #, etc.	2a. Mailing Address - 26 Suite, Apt. #, etc.	4. FEI Number 54-1390740	Applied For Not Applicable
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22 City & State 23 MECHANICSVILLE, VA	27 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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24 Zip 23111	25 Country	28 Zip	29 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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24 Zip 23111	25 Country	28 Zip	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
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CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS MCCORMACK, DANIEL 901 E. CARY ST., STE. 1400 RICHMOND VA 23219	<input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	SEE ATTACHED LIST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ARMSTRONG, BEVERLEY 901 E. CARY ST., STE. 1400 RICHMOND VA 23219	<input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KNISELY, PHILIP W 8800 AMF DR. RICHMOND VA 23111	<input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	S TOY, CHERYLE K. 901 E. CARY ST. SUITE 1400 RICHMOND VA	<input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	V PETERSON, BENT 18 HOWARDS THICKET GERRARDS CROSS SL9 7NX HEMEL HEMPSTEAD EN	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____

CR2E034 (4/97)

AMF BOWLING, INC.

OFFICERS:

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>SS.#</u>
Douglas J. Stanard	President/Asst. Secretary	8100 AMF Drive Mechanicsville, VA 23111	348-34-7851
William W. Flexon	Vice Pres./Asst. Treasurer	8100 AMF Drive Mechanicsville, VA 23111	305-72-3730
Michael P. Bardaro	Vice Pres./Secretary	8100 AMF Drive Mechanicsville, VA 23111	273-44-7331
Bent Petersen	Vice President	8100 AMF Drive Mechanicsville, VA 23111	103-64-1670
Stephen E. Hare	CFO/Treasurer	8100 AMF Drive Mechanicsville, VA 23111	216-66-5595