

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000007379 (8)

1. Corporation Name

SUPERIOR BOWLING, INC.



Principal Place of Business

15424 SW 147TH AVE
MIAMI FL

Mailing Address

15424 SW 147TH AVE
MIAMI FL

3. Date Incorporated or Qualified

01/20/1994

3a. Date of Last Report

04/04/1995

2. Principal Place of Business

2a. Mailing Address

21 15424 SW 147TH AVE

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

23 MIAMI, FL

27

City & State

24

Zip

24 33187

Country

25 USA

29

Zip

Country

30

4. FEI Number

65-0527711

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

BALZER, HAROLD J
15424 SW 147TH AVE
MIAMI FL 33187

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

P
NAME BALZER, HAROLD
STREET ADDRESS 15424 SW 147 AVE
CITY- ST- ZIP MIAMI FL

1.1 TITLE

☐ Change ☐ Addition

NAME

1.2 NAME

STREET ADDRESS

1.3 STREET ADDRESS

CITY- ST- ZIP

1.4 CITY- ST- ZIP

TITLE

☐ DELETE

NAME

2.1 TITLE

☐ Change ☐ Addition

STREET ADDRESS

2.2 NAME

CITY- ST- ZIP

2.3 STREET ADDRESS

TITLE

☐ DELETE

NAME

3.1 TITLE

☐ Change ☐ Addition

STREET ADDRESS

3.2 NAME

CITY- ST- ZIP

3.3 STREET ADDRESS

TITLE

☐ DELETE

NAME

4.1 TITLE

☐ Change ☐ Addition

STREET ADDRESS

4.2 NAME

CITY- ST- ZIP

4.3 STREET ADDRESS

TITLE

☐ DELETE

NAME

5.1 TITLE

☐ Change ☐ Addition

STREET ADDRESS

5.2 NAME

CITY- ST- ZIP

5.3 STREET ADDRESS

TITLE

☐ DELETE

NAME

6.1 TITLE

☐ Change ☐ Addition

STREET ADDRESS

6.2 NAME

CITY- ST- ZIP

6.3 STREET ADDRESS

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)(k), 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)