

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

FILED
Apr 16 1996 8:00 am
Secretary of State

DOCUMENT # P94000024388 (8)

1. Corporation Name

VISTA BOWLING MANAGEMENT CORP.



Principal Place of Business

25251 S.W. 139TH AVENUE
PRINCETON FL 33032

Mailing Address

25251 S.W. 139TH AVENUE
PRINCETON FL 33032

3. Date Incorporated or Qualified
03/25/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 2101 Vista Parkway
Suite, Apt. #, etc.

26 Same
Suite, Apt. #, etc.

4. FEI Number
65-0486418

Applied For
Not Applicable

22 City & State
23 West Palm Beach, FL

27 City & State

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

24 33411
Country
25 Palm Beach

28 Zip
Country
29 Zip
30 Country

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

BERGER, J.D., LL.M., MICHAEL L P.A.
9990 S.W. 77TH AVENUE
SUITE 313
MIAMI FL 33156

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

TITLE D ☐ DELETE
NAME GUGGINO, JOE
STREET ADDRESS 9990 S.W. 77TH AVENUE, SUITE 313
CITY- ST- ZIP MIAMI FL 33156

TITLE D ☐ DELETE
NAME MULLEN, RICHARD
STREET ADDRESS 9990 S.W. 77TH AVENUE, SUITE 313
CITY- ST- ZIP MIAMI FL 33156

TITLE D ☐ DELETE
NAME PITTS, MARLENE
STREET ADDRESS 9990 S.W. 77TH AVENUE, SUITE 313
CITY- ST- ZIP MIAMI FL 33156

TITLE D ☐ DELETE
NAME YAMAMURA, HERBERT
STREET ADDRESS 9990 S.W. 77TH AVENUE, SUITE 313
CITY- ST- ZIP MIAMI FL 33156

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

SIGNATURE:

Marlene Pitts

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-96

407-689-5200

Date

Daytime Phone

CR2E034 (12/95)