

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.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 08, 1997 8:00 am
Secretary of State

DOCUMENT # P94000024388 (8)

1. Corporation Name
VISTA BOWLING MANAGEMENT CORP.



Principal Place of Business

2101 VISTA PARKWAY
WEST PALM BEACH FL 33411
US

Mailing Address

[REDACTED]
[REDACTED]
[REDACTED]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 2101 Vista Parkway

27 Suite, Apt. #, etc.

28 City & State

28 West Palm Beach FL

29 Zip

33411

30 Country

USA

3. Date Incorporated or Qualified

03/25/1994

3a. Date of Last Report

04/16/1996

4. FEI Number

65-0486418

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name Marlene Pitts
82 Street Address (P.O. Box Number is Not Acceptable) 270 Sand Run Rd
83
84 City West Palm Beach FL 85 Zip Code 33413

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 Marlene Pitts
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-24-97

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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	Change	Addition
1.2 NAME	Charles P. Muntz		
1.3 STREET ADDRESS	23799 SW 167 Ave		
1.4 CITY-ST-ZIP	Homestead, FL 33031		
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 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: Marlene Pitts
Signature, typed or printed name of signing officer or director

CR2E034 (4/97)