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 # **P95000045334 (6)**

1. Corporation Name

ADVANCED BOWLING TECHNOLOGIES, INC.

Principal Place of Business
1220 DOUGLAS AVE
SUITE 107A
LONGWOOD FL 32779

Mailing Address
1220 DOUGLAS AVE
SUITE 107A
LONGWOOD FL 32779

3. Date Incorporated or Qualified: 06/06/1995
3a. Date of Last Report:

2. Principal Place of Business
21 1540 NORTH STREET
Suite, Apt. #, etc.
22
City & State
23 LONGWOOD, FL
Zip 24 32750 Country 25 USA

2a. Mailing Address
26 1540 NORTH STREET
Suite, Apt. #, etc.
27
City & State
28 LONGWOOD, FL
Zip 29 32750 Country 30 USA

4. FEI Number: 59-3367637 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DAVIS, ROXANNE R
1220 DOUGLAS AVE
SUITE 107A
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 1540 NORTH STREET
83
84 City LONGWOOD FL 85 Zip Code 32750

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 Roxanne R Davis — Signature, typed or printed name of registered agent and title if applicable
(NOTE: Registered Agent signature required when reinstating)

DATE 3-22-96

12.	OFFICERS AND DIRECTORS	
TITLE	PRESIDENT	☐ DELETE
NAME	RUTH P. CRAMER	
STREET ADDRESS	1540 NORTH STREET	
CITY-ST-ZIP	LONGWOOD, FL 32750	
TITLE	DIRECTOR	☒ DELETE
NAME	ROXANNE R. DAVIS	
STREET ADDRESS	1540 NORTH STREET	
CITY-ST-ZIP	LONGWOOD, FL 32750	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	~~DIRECTOR~~	☐ 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: Ruth P. Cramer — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RUTH P. CRAMER PRESIDENT

Date 3/22/96 Daytime Phone #

CR2E034 (12/95)