

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 06 1997 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000045037 (4)

1. Corporation Name  
BOWLING TECHNOLOGIES, INC.

Principal Place of Business

8525 RADIO RD  
NAPLES FL 33942

Mailing Address

8525 RADIO RD 8800 STRIKE LANE  
NAPLES FL 34104-5429 BONITA SPRINGS, FL  
341353. Date Incorporated or Qualified  
05/28/19963a. Date of Last Report  
N/A

2. Principal Place of Business

21 8800 STRIKE LANE  
Suite, Apt. #, etc.

2a. Mailing Address

26 8800 STRIKE LANE  
Suite, Apt. #, etc.

4. FEI Number

7650670382

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐ \$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CINIELLO, PATRICK  
8525 RADIO RD  
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name

PATRICK CINIELLO

82 Street Address (P.O. Box Number is Not Acceptable)

8800 STRIKE LANE

83

84 City

BONITA SPRINGS

FL

85 Zip Code

34135

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  
NAME CINIELLO, PATRICK  
STREET ADDRESS 8525 RADIO RD  
CITY - ST - ZIP NAPLES FL 33942 ☐ DELETETITLE D  
NAME ALBRIGHT, RICHARD  
STREET ADDRESS  
CITY - ST - ZIP ☐ DELETETITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ DELETETITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ DELETETITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ DELETETITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME CINIELLO, PATRICK ☒ Change ☐ Addition  
1.3 STREET ADDRESS 8800 STRIKE LANE  
1.4 CITY - ST - ZIP BONITA SPRINGS, FL 341352.1 TITLE VDS ☒ Change ☐ Addition  
2.2 NAME ALBRIGHT, RICHARD  
2.3 STREET ADDRESS 8800 STRIKE LANE  
2.4 CITY - ST - ZIP BONITA SPRINGS, FL 341353.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP6.1 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Patrick Ciniello 1/10/97

Date

Daytime Phone #

CR2E034 (9/96)