

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **283427** (3)
1. Corporation Name
SKY BOWL ENTERPRISES, INC.



Principal Place of Business: **5700 COLLINS AVE % H. VINEBERG MIAMI BEACH FL 33140**
Mailing Address: **5700 COLLINS AVE % H. VINEBERG MIAMI BEACH FL 33140**

3. Date Incorporated or Qualified: **07/17/1964**
3a. Date of Last Report: **02/01/1995**
4. FEI Number: **59-1055880**
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

2. Principal Place of Business: 21 State, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 State, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

**KASOFF, LOUIS
605 IVES DAIRY RD.
N. MIAMI FL 33179**

10. Name and Address of New Registered Agent

81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 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 of the person signing this report on behalf of the corporation

Signature of the Agent signing this report on behalf of the corporation

DATE

12. OFFICERS AND DIRECTORS

11. TITLE	PD	<input type="checkbox"/> DELETE
12. NAME	VINEBERG, HAROLD	
13. STREET ADDRESS	5700 COLLINS AVE	
14. CITY, ST., ZIP	MIAMI BCH. FL	
15. TITLE	VD	<input type="checkbox"/> DELETE
16. NAME	PEAL, STANLEY	
17. STREET ADDRESS	5240 N. BAY RD.	
18. CITY, ST., ZIP	MIAMI BCH. FL	
19. TITLE	SD	<input type="checkbox"/> DELETE
20. NAME	KASOFF, LOUIS	
21. STREET ADDRESS	1931 SW 33RD COURT	
22. CITY, ST., ZIP	MIAMI FL	
23. TITLE		<input type="checkbox"/> DELETE
24. NAME		
25. STREET ADDRESS		
26. CITY, ST., ZIP		
27. TITLE		<input type="checkbox"/> DELETE
28. NAME		
29. STREET ADDRESS		
30. CITY, ST., ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST., ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST., ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST., ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST., ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. 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 return 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 of original or on an attachment with an address.

SIGNATURE:

Louis Kasoff **LOUIS KASOFF**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/96
DATE

1-305-653-2202
Daytime Phone #

CR2E034 (12/95)