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 # **666808** **(1)**

1. Corporation Name

G. & R. BILLIARDS, INC.

Principal Place of Business	Mailing Address
2050 MCKINLEY ST BAY 2 C/O GARY ROSS HOLLYWOOD FL 33020	2050 MCKINLEY ST BAY 2 C/O GARY ROSS HOLLYWOOD FL 33020

3. Date Incorporated or Qualified: **04/15/1980**

3a. Date of Last Report: **01/31/1995**

4. FEI Number: **59-2153948** ☐ 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: 4571 N.W. 8th Ave
22: Suite, Apt. #, etc.
23: City & State: Oakland Park, FL
24: Zip: 33309
25: County: BROWARD

2a. Mailing Address
26: 4571 N.W. 8th Ave
27: Suite, Apt. #, etc.
28: City & State: Oakland Park, FL
29: Zip: 33309
30: Country: BROWARD

9. Name and Address of Current Registered Agent

ROSS, GARY
2050 MCKINLEY ST BAY 2
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name: ROSS, GARY
82 Street Address (P.O. Box Number is Not Acceptable): 4571 N.W. 8th Ave
83:
84 City: Oakland Park FL 85 Zip Code: 33309

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: GARY ROSS, Pres. DATE: 1-29-96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PS	☐ DELETE	1.1 TITLE	☐ Change	☒ Addition
NAME	ROSS, GARY		1.2 NAME		
STREET ADDRESS	1680 NW 99TH AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL		1.4 CITY-ST-ZIP		33322
TITLE	VT	☐ DELETE	2.1 TITLE	☐ Change	☒ Addition
NAME	ROSS, MARJORIE		2.2 NAME		
STREET ADDRESS	1680 NW 99TH AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL		2.4 CITY-ST-ZIP		33322
TITLE		☐ DELETE	3.1 TITLE	☐ Change	☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	☐ Change	☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	☐ Change	☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	☐ Change	☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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)(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: Marjorie Ross MARJORIE ROSS 1-29-96 954-370-1919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)