

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 # J89520 (7)

1. Corporation Name

NED'S FAMILY BILLIARDS, INC.



Principal Place of Business

Mailing Address

220 N. A1A  
P.O. BOX 2790 32937  
SATELLITE BEACH FL 32937-0122

220 N. A1A  
P.O. BOX 2790 32937  
SATELLITE BEACH FL 32937-0122

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

32937

25

29

32937

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COSTELLO, EDWARD III  
184 ARLINGTON ST  
SATELLITE BEACH FL 32937

81 Name

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

1407 CROFTWOOD DR

83

84

City Melbourne

FL

85

Zip Code 32935

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 responsibilities of, Sections 607.0502 and 607.1508, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and no fee applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	COSTELLO, EDWARD III	
STREET ADDRESS	220 N. A1A SHOPPING CTR.	
CITY - ST - ZIP	SATELLITE BEACH FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	COSTELLO, EDWARD SR.	
STREET ADDRESS	220 N. A1A SHOPPING CTR.	
CITY - ST - ZIP	SATELLITE BEACH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	COSTELLO, TONY	
STREET ADDRESS	1840 SWEETWOOD DR	
CITY - ST - ZIP	MELBOURNE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward Costello III

4/15/96

407-777-6387

Pres.

Date

Daytime Phone #

CR2E034 (12/95)