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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K23044

(6)

HOLLYWOOD BILLIARDS, INC.

FILED Feb 28 1997 8:00am Secretary of State

430 S STATE 2350 BAYVIE	W LANE	Mailing Address 9821 NW 58TH COURT PARKLAND FL 33076-1828	9821 NW 58TH COURT PARKLAND FL 33076-1828				
HOLLYWOOD FL 33076 US		US	US		3. Date Incorporated or Qualified		
2. Principal 21	Place of Business	2a. Mailing Address 26			4. FEI Number 65-0055841		Applied For Not Applicable
Suite, Ap	it #, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1	.75 Additional
Crty 8 St	ale	City & State			6. Election Campaign Financing		ee Required .00 May Be
23		28			Trust Fund Contribution		dded to Fees
7m	Country	Zip	Countr	у	8. This corporation has liability for in	ntangible tax un Yes X No	.der s.: 199.032,
24	25 9. Name and Address of Curro	······································	30		Florida Statutes 10. Name and Address of New Re		
SO	LIATRE, ROBERT		81	Name			
98	21 NW 58TH COURT		62	Street Add	ress (P.O. Box Number is Not Acceptab	le)	
PA	RKLAND FL 33076		83				
		•	84	City		FL 85	Zip Code
office of agent it SIGNATURE	r registers a agent for both, in the Sta am familiar with, and accept the obli- signative, tyled or printed name of legic cold in	te of Florida. Such change was a gations of, Section 607.0505, Floridate in applicable. (NOT)	outhorized b orida Statute E. Registered Ac	y the corporates.	poration submits this statement for the p tion's board of directors. I hereby accep red when reinstating:	t the appointme	nt as registered
12.	PSD OFFICERS A	ND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRE	
NAME	SOLITARE, ROBERT	□ Micie	1.2 NAME			- V	ingenaanten
STREET ADDRESS	AAAA BRII FATIL OOLIDT			T ADDRESS			
CHY ST-ZIP	PARKLAND FL		1.4 CITY-	ST-ZIP			
Tillef	TD DODESTA M					☐ Ch	ange 🔲 Addition (
NAME.	SOLITARE, ROBERTA M. 9821 NW 58TH COURT		2.2 NAME				
STHEET ACTURES:	PARKLAND FL		2 3 STREET ADDRESS 2 4 CITY - ST - ZIP				
THEF		DELETE	31 TITLE			CH	nange Addition
NAME			3.2 NAME				
STREET ADDRESS	s			T ADDRESS			ĺ
TOLE		DELETE	3.4. CITY -			□ Ct	nange Addition
NAME		L. DECERT	4, 2 NAM		:	O'	ange and month!
STREET ADDRESS	۾			1 ADDRESS			
CiTr-S1-ZiP			4.4 CITY-	ST-ZIP			
TITLE		☐ D£L£TE	5.1 TITLE			☐ Ch	nange Addition
NAME			5.2 NAME	1			
STREET ADDRESS	\$			T ADDRESS			
OTY -ST - ZP THUE		☐ DELETE	5.4 City-			☐ Ch	nange Addition
NAME		Occur.	6.2 NAME		•		
STREET ADDRESS	s.			T ADDRESS			
C(7Y+S1+Z) ⁵			64 CITY				

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.

ROBERT SOLITARE 1- 15-94