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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

(9)

KISS SHOT BILLIARDS, INC.

## **FILED** Apr 13 1998 8:00am Secretary of State

Principal Place of Business Mailing Address					(			
2201 N. US 1 D-8 JUPITER FL 3		17 SPANISH RIVER DRIVE OCEAN DRIVE FL 33435				DO NOT WRITE IN THIS SPACE		
US						3. Date Incorporated or Qualified		
		2a. Mailing Address				03/08/1990 4. FEI Number Applied For		
	tace of Business	26 Maining Address				65-0181446 Not Applica		
Suite, Apt.	# etc	Suite, Apt. #, etc.			<u>_</u>	S8 75 Additional		
22	W1 0.00.	27				5. Certificate of Status Desired Fee Required		
City & State	e	City & State				6. Election Campaign Financing \$5.00 May Be		
23		28			Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Country	7		8. This corporation owes or has paid the current year Intangible		
24	25		30			Personal Property Tax due June 30. Yes No		
	g. Name and Address of Curre	nt Registered Agent		т.		10, Name and Address of New Registered Agent		
JO	HNSON, PAUL M.		81	Ι'	Name			
	SPANISH RIVER DRIVE		62	Street Address (P.O. Box Number is Not Acceptable)				
00	EAN RIDGE FL 33435		83	<b>├</b>				
			65					
			84	(	City	FL 85 Zip Code		
44.5	607.00	00 and CO7 1500 Florida Plat to	9 150 about	Ļ	named cor	prporation submits this statement for the purpose of changing its register		
office or r agent. I a	registered agent, or both, in the Statum familiar with, and accept the oblig	e of Florida. Such change was a yations of, Section 607.0505, Flor yations of Section 607.0505, Flor	uthorized by rida Statutes	y th s.	ne corpora	ation's board of directors. I hereby accept the appointment as registere		
SIGNATURE	Signature, typed or printed name of registered as	ent and title it applicable (NOTE	Registered Age	ent :	signature requ	quired when reinstating) DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE			Change Add		
NAME	JOHNSON, PAUL M.		1.2 NAME					
STREET ADDRESS	17 SPANISH RIVER DR		1.3 STREET	T AD	ORESS			
CITY-ST-ZIP	OCEAN RIDGE FL		1.4 CITY-5	ST-	ZIP			
TITLE		☐ DELETE	2.1 TITLE			☐ Change ☐ Add		
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREET	TAD	ODRESS	****		
CITY-ST-ZIP		The section	2. 4 CITY-	ST-	ZIP	Change Add		
TITLE		L DELETE	3.1 TITLE			Change		
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET					
CITY-ST-ZIP		DELETE	3.4. CITY - 4.1 TITLE	\$1-	ZIP	Change Add		
TITLE			4. 2 NAME					
NAME			4.2 NAME		nnpree			
STREET ADDRESS			4.3 STREET					
CITY-ST-ZIP TITLE		DELETE	51 TITLE	31-	ZIP	Change Add		
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET		DORESS			
CITY-ST-ZIP	i		5.4 CITY - 8					
TITLE		DELETE	6.1 TITLE			Change Add		
NAME		<u> </u>	6.2 NAME					
STREET ADDRESS	1		6.3 STREET		DORESS			
CITY-ST-ZIP			6.4 CITY -					
	certify that the information supplied	with this filing does not qualify fo	a Alban aucasan		an atatad le	in Section 119.07(3)(i), Florida Statutes. I further certify that the informal		
indicated officer or Block 12	on this annual report or supplement director of the corporation or the re- or Block 13 if changed or second	tal annual report is true and acci- ceiver or tredice empowered to e several with an address.	urate and the execute this	nat re	my signat port as rec	ature shall have the same legal effect as if made under oath; that I am a equired by Chapter 607, Florida Statutes; and that my name appears in		