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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # L95073 (7)
1. Corporation Name
FATSO'S BILLIARDS, INC.



Principal Place of Business: **5405 W. CYPRESS ST. #111 TAMPA FL 33607-1772**
Mailing Address: **5405 W. CYPRESS ST. #111 TAMPA FL 33607-1772**

3. Date Incorporated or Qualified: **08/07/1990**
3a. Date of Last Report: **06/14/1995**
4. FEI Number: **59-3039584**
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: **3333 Henderson Blvd. Suite 150 Tampa FL**
2a. Mailing Address: **3333 HENDERSON BLVD. Suite 150 Tampa FL**
21. Suite Apt. #, etc.: **Suite 150**
22. City & State: **Tampa FL**
23. Zip: **33609-2938** Country: **U.S.A.**
26. Suite Apt. #, etc.: **Suite 150**
27. City & State: **Tampa FL**
28. Zip: **33609-2938** Country: **USA**

9. Name and Address of Current Registered Agent
**RILEY, STEVEN P
5405 W. CYPRESS ST. #111
TAMPA FL 33607-1772**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable): **3333 HENDERSON BLVD.**
83. **Suite 150.**
84. City: **TAMPA** FL 85. Zip Code: **33609-2938**

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WHITE, CAROLE L	
STREET ADDRESS	11802 SKYLAKE PLACE	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	AMADEO, ESTELLE	
STREET ADDRESS	9108 W. SHELDON DR. #79	
CITY-ST-ZIP	TAMPA FL 33626	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	WHITE, HAROLD	
STREET ADDRESS	11802 SKYLAKE PLACE	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	34741 EAGLES PEAK PLACE
14 CITY-ST-ZIP	ZEPHYRHILLS FL. 33541
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	800001821188
24 CITY-ST-ZIP	-05/14/96--01123--018
	****225.00 ****225.00
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	34741 EAGLES PEAK PLACE
34 CITY-ST-ZIP	ZEPHYRHILLS FL. 33541
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	MPL 570-96
64 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: Carole L. White CAROLE L. WHITE Date: 4/11/96 813-782-5065
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)