FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M75078** **(9)**

1. Corporation Name
COBRA CUES AND BILLIARD SUPPLIES, INC.

Principal Place of Business
PO BOX 732
ENGLEWOOD FL 34295

Mailing Address
PO BOX 732
ENGLEWOOD FL 34295

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/04/1988
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0043182 — 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 [X] No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
24 Zip — 25 Country

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
29 Zip — 30 Country

9. Name and Address of Current Registered Agent

MILLER, HAROLD
642 NORTH INDIANA AVE
ENGLEWOOD FL 34224

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

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 obligation of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

Field	Entry
TITLE	D
NAME	MILLER, HAROLD
STREET ADDRESS	50 SPYGLASS ALLEY
CITY-ST-ZIP	CAPE HAZE FL
TITLE	SEC/TREAS
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Field	Entry	Change	Addition
1 TITLE		[ ]	[ ]
1 NAME			
1 STREET ADDRESS			
1 CITY-ST-ZIP			
2 TITLE	SEC/TREAS	[ ]	[X]
2 NAME	FRED THAIS JR		
2 STREET ADDRESS	170 W DEARBORN ST		
2 CITY-ST-ZIP	ENGLEWOOD FL 34223		
3 TITLE		[ ]	[ ]
3 NAME			
3 STREET ADDRESS			
3 CITY-ST-ZIP			
4 TITLE		[ ]	[ ]
4 NAME			
4 STREET ADDRESS			
4 CITY-ST-ZIP			
5 TITLE		[ ]	[ ]
5 NAME			
5 STREET ADDRESS			
5 CITY-ST-ZIP			
6 TITLE		[ ]	[ ]
6 NAME			
6 STREET ADDRESS			
6 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(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: Fred Thais Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 5/1/95 Daytime Phone #: 813-474-5509

0484509 FP