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

**PROFIT** CORPORATION ANNUAL REPORT

1999

WINNERS BILLIARDS & BREW, INC.

1. Corpora ion Name



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90115 003 \*\*\*150.00

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Principal Place of Business Mailing Address						11301	ABIT (B) INING (1191 1811A 1	<b></b> (in 646)		SIGN EVEN VEEL
320 SOUTH SPRING GARDEN AVE. 320 SOUTH SPRING DELAND FL 32720 DELAND FL 32720			ng garden ave. O				DO NOT WR	TE IN TH S	SPACE	
						3. Date Ir co	rporated or Qualifed			
2. Principal Place of Busines	·s	2a. Mailing Address				4. FEI Num	per		A	pplied For
21		26				59-290	6708		N	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate	of Status Desired		*	Additional lecuired
City & S ate		City & State					Campaign Financing d Contribution			May Be to Fees
Zip	Country	Zip	Cou	ntry		8. This corp	oration owes the cur	rent year In		
24 2:	i		30				Property Tax.		☐ Yes	J₫No
9. Name a	nd Address of Current	Registered Agent			<del></del> —		d Address of New	Registered	Agent	
MUTO ALE DIOUA	00			81	Name BRU	OF M	ETCAL	1=		
METCALF, RICHA						umber is Not Accept	able)			
4 POINSETTIA DR				$\sqcup$	265	5 SPR	ING CO	URT		
DELAND FL 3272	4			83						
				84	City				85 Zip	Code
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11. Pursuant to the provision	s of Sections 607.0502	and 607.1508, Florida State	es, the a	bove-	named same	ration submits	his statement for the	purpose of	changing it	s registered
office or registered agen	t, or both, in the State of	2 and 607.1506, Florida Stati Florida. Such change was in 5 of Section 607.0505, F	authorized Iorida:Stat	l by ti utes:	he corporation	n's board of cire	ectors. I nereby acce	pt the appo	mment as r	eg stered
( J	11/1	10-0-	Bree	n.o	Mes	tcalf	•	4-	19-9	? <b>&lt;</b> }
SIGNATURE Signature, typed or	printed nar ne of registered agen	t and title if applied title. (NO	TI Registered	Agent:	signature required	when reinstating)		DATE		
12.	OFFICERS AN	L DIRECTORS	13.			ADDITION	S/CHANGES TO OF	FICERS A	ND DIRECT	
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14. Thereby 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 cartify 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 receivar 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, with a tother like empowered.

SIGNATURE:

904 738 2217