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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # **P24438** **(4)**

1. Corporation Name

JILLIAN'S BILLIARD CLUB OF KENDALL, INC.

Principal Place of Business	Mailing Address
2 ALHAMBRA PLAZA PH 1 E CORAL GABLES FL 33134 US	2 ALHAMBRA PLAZA PH 1E CORAL GABLES FL 33134 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/22/1989
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 ONE ALHAMBRA PLAZA	26 ONE ALHAMBRA PLAZA
Suite, Apt. #, etc. 22 620	Suite, Apt. #, etc. 27 620
City & State 23 CORAL GABLES FL	City & State 28 CORAL GABLES FL
Zip / Country 24 33134 / 25 Dade	Zip / Country 29 33134 / 30 Dade

4. FEI Number: 58-1850633 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~DESTEFANIS, PAUL~~ ~~2 ALHAMBRA PLAZA~~ ~~PH 1E~~ CORAL GABLES FL 33134	81 Name: Richard F. Landay 82 Street Address (P.O. Box Number is Not Acceptable): ONE ALHAMBRA PLAZA 83: SUITE 620 84 City: CORAL GABLES FL 85 Zip Code: 33134

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: Richard F. Landay — Richard F. Landay — 5/30/95
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~PDS~~	11 TITLE	CHAIRMAN OF BOARD ☒ Change ☐ Addition
NAME	FOSTER, STEVEN	12 NAME	
STREET ADDRESS	508 NORTH 2ND STREET	13 STREET ADDRESS	
CITY-ST-ZIP	FAIRFIELD IA	14 CITY-ST-ZIP	
TITLE	CFO	21 TITLE	☑ Change ☐ Addition
NAME	DESTEFANIS, PAUL	22 NAME	100001509351
STREET ADDRESS	2 ALHAMBRA PLAZA PH 1E	23 STREET ADDRESS	-06/09/95--01013--001
CITY-ST-ZIP	CORAL GABLES FL	24 CITY-ST-ZIP	****200.00 ****200.00
TITLE	VP	31 TITLE	☒ Change ☐ Addition
NAME	DESTEFANIS, PAUL	32 NAME	
STREET ADDRESS	2 ALHAMBRA PLAZA PH 1E	33 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	34 CITY-ST-ZIP	
TITLE	PRESIDENT/COO	41 TITLE	☐ Change ☒ Addition
NAME	SMITH DANIEL M	42 NAME	
STREET ADDRESS	508 NORTH 2nd STREET	43 STREET ADDRESS	
CITY-ST-ZIP	FAIRFIELD IA	44 CITY-ST-ZIP	
TITLE		51 TITLE	S ☒ Change ☐ Addition
NAME		52 NAME	Richard F. Landay
STREET ADDRESS		53 STREET ADDRESS	ONE ALHAMARA PLAZA SUITE 620
CITY-ST-ZIP		54 CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	655
STREET ADDRESS		63 STREET ADDRESS	6/6/95
CITY-ST-ZIP		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)(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: Richard F. Landay — 6/1/95 — 305-446-0023
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0140960 CP