FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
May 01 1996 8:00 am
Secretary of State

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

1. Corporation Name

JILLIAN'S BILLIARD CLUB OF KENDALL, INC.

Principal Place of Business	Mailing Address
~~ONE ALHAMBRA PLAZA~~ ~~SUITE 620~~ ~~CORAL GABLES FL 33134~~ ~~US~~	~~2 ALHAMBRA PLAZA~~ ~~PH 1E~~ ~~CORAL GABLES FL 33134~~ ~~US~~

2. Principal Place of Business	2a. Mailing Address
21 12070 N. KENDALL DR	26 727 ATLANTIC AVE
22 Suite, Apt. #, etc	27 # 600
23 City & State: MIAMI FL	28 City & State: BOSTON MA
24 Zip: 33186	29 Zip: 02111
25 Country: Dade	30 Country: SUFFOLK

3. Date Incorporated or Qualified: 05/22/1989	3a. Date of Last Report: 06/06/1995
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

LANDRY RICHARD F.
~~ONE ALHAMBRA PLAZA~~
~~SUITE 620~~
~~CORAL GABLES FL 33134~~

10. Name and Address of New Registered Agent

81 Name: —
82 Street Address (P.O. Box Number is Not Acceptable): 12070 N. KENDALL DR
83
84 City: MIAMI FL 85 Zip Code: 33186

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 _____
Signature, type or print name of registered agent (Note: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	COF	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FOSTER, STEVEN		1.2 NAME	
STREET ADDRESS	508 NORTH 2ND STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFIELD IA		1.4 CITY-ST-ZIP	
TITLE	PCOO	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	SMITH, DANIEL M		2.2 NAME	
STREET ADDRESS	~~508NORTH 2ND STREET~~		2.3 STREET ADDRESS	727 ATLANTIC AVE # 600
CITY-ST-ZIP	~~FAIRFIELD IA~~		2.4 CITY-ST-ZIP	BOSTON MA 02111
TITLE	S	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	LANDRY, RICHARD F		3.2 NAME	
STREET ADDRESS	~~ONE ALHAMBRA PLAZA, SUITE 620~~		3.3 STREET ADDRESS	12070 N KENDALL DR
CITY-ST-ZIP	~~CORAL GABLES FL 33134~~		3.4 CITY-ST-ZIP	MIAMI FL 33186
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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. Landry 4/24/96 305-395-0020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #