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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000050165 (8)

BROWN'S BILLARDS & LOUNGE, INC.

FILED May 04 1998 8:00am Secretary of State



					<u> </u>	B 1011 BB1B1 14818 B148 1 B144 188 1
Principal Place of Business Mailing Address 1595 NORTH NOVA ROAD 1595 NORTH NOVA ROAD HOLLY HILL FL 32117 HOLLY HILL FL 32117						
MOULI HILL	. IL OCIT	HOLLI MILL FL 32117	HOLLY HILL PL 32117		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
				_	07/08/1993	
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26		59-3192771	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<u></u>		5. Certificate of Status Desired	\$8.75 Additional
22		27				Fee Required
City & Sta	ate	City & State			6. Election Campaign Financing	\$5.00 May Be
Zip	Country	7ip	Cou	ntrv	Trust Fund Contribution	Added to Fees
24	25	29	30	ina y	8. This corporation owes or has paid the Personal Property Tax due June 30.	cyrrens year intangible Yes No
4	g. Name and Address of Curr		[30]		10. Name and Address of New Registere	
Δ1	NDERSON, RONALD F			81 Name	10.	<u></u>
444 SEABREEZE BLVD.			ļ			
			82 Street Add	ress (P.O. Box Number is Not Acceptable)		
SUITE 620 DAYTONA BEACH FL 32118			<u>}</u>	83		
U	THE SERVICE SERVICE					
			ĺ	84 City	F	85 Zip Code
SIGNATURE	Signature, typed or posited name of registered	agent and little if applicable (N	O11 Registered	Agkınl signature requi	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	·
12.	S	DELETE	1.1 TIT	IF T	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	BROWN, WANDA S.		1.2 NA			
STREET ADDRESS	ARAE AL MOUA DOAD			REET ADDRESS		
CITY-ST-ZIP	HOLLYHILL FL		1	Y - \$1 - ZIP		
TITLE		DELETE	2.1 TIT			Change Addition
NAME	Ì		2.2 NA	ME		
STREET ADDRESS	:		23 ST	REET ADDRESS	5	
CITY-ST-ZIP			1	TY-ST-ZIP		
TITLE		DELET E	3.1 TIT			Change Addition
NAME			3.2 NA	ME		
STREET ADDRESS			3.3 ST	REET ADDRESS		
CITY-ST-ZIP			3. <u>4.</u> CI	TY-ST-ZIP		
TITLE		DELETE	4.1 TIT	LE T		Change Addition
NAME			4, 2 N	AME		
STREET ADDRESS	; 		4.3 ST	REET ADDRESS		
CITY-ST-ZIP			4.4 CIT	Y-ST-ZIP		
TITLE		DELETE	5.1 TIT	LE T		Change Addition
NAME			5.2 NA	ME [
STREET ADDRESS	6		5.3 ST	REET ADDRESS		
CITY - ST - ZIP			5.4 CIT	Y-ST-ZIP		
TITLE		☐ DELETE	6.1 TIT	LE		☐ Change ☐ Addition
NAME			6.2 NA	ME		
STREET ADDRESS	· [6.3 STI	REET ADDRESS		
CITY-ST-ZIP			6.4 CIT	Y-ST-ZIP		

14. I hereby 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 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 trusted 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

MONATURE // /Anda S. And M.