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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000087133 (3)

TOBY'S BILLARDS INC.

Principa! Place of Business Mailing Addréss 2004 HOLLYWOOD BLVD 2004 HOLLYWOOD BLVD HOLLYWOOD FL 33020 HOLLYWOOD FL 33020-4525 3. Date Incorporated or Qualified 3a. Date of Last Report 12/21/1993 05/01/1996 4. fEl Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0467025 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation has liability for in angible tax under s. 199.032, Yes □ No 25 Florida Statutes 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 WEINBERG, HARVEY Name 19700 NW 5TH AVE 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33169** 83 84 City 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 Signature, typed or printed harne of registered agent and the if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS DETETE TITLE 1.1 HHLE GOODWIN, BETH NAME 1.2 NAME 1516 RODMAN ST 1.3 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33020 CITY-ST-ZIP 14 CBY-S1-7IP DELETE ☐ Change ___ Addition TITLE 21 Inte WEINBERG, HARVEY 22 NAME NAME 19700 NW 5TH AVE STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33169** CITY-ST-ZIP 2 4 CITY- \$1-7P Change Addition DELETE TITLE 3 1 THE NAME 3.3 STREET ADDRESS STREET ADDRESS 34. CHY-ST-ZiP CITY-ST-ZIF 🔲 DETETË Addition 4.1 HH F TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-7IP CITY-ST-ZIP DELETE Change ___ Addition 5: 10LF TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-S1-ZIP DETETE Change Addition 61 TIFLE TITLE NAME 62 NAME 6.3 STHEET ADDRESS STREET ADDRESS

14. I do horeby 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 of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under I am an officer or director of the corporation of the receiver or trust of empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name inual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that Trustific empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

FILED

Mar 14 1997 8:00am

Secretary of State