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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000032311 (0)

SOUTHERN BILLIARD PROMOTIONS, INC.

Principal Plac	e of Business			ailing Address						
201 N US 1 201 N US 1										
JUPITER FL 33477 JUPITER FL 33477										
US								DO NOT WRITE IN THIS SPACE		
								3. Date Incorporated or Qualified		
2. Principal Place of Business 2a. Mailing Address								04/25/1994 4. FEI Number Applied	_	
				<u>├</u>				Пррисс		
Suite, Apt. #, etc.			26	Suite, Apt. #, etc.				65-0487553 Not App		
<u> </u>			<u> </u>	 				5. Certificate of Status Desired \$8.75 Addition		
City & Stat		 	27	City & State						
23			28	— ´				6. Election Campaign Financing \$5.00 May to Trust Fund Contribution Added to Fee		
Zip		Country		Zip	Co	untry		8. This corporation owes or has paid the current year Intangible		
24	-	25	29		30	•		Personal Property Tax due June 30. Yes No	Ĭ	
2-1				ent Registered Agent				10. Name and Address of New Registered Agent		
JOHNSON, PAUL						81	Name			
201 N US 1							00-110-11	(DO D. M.)		
JUPITER FL 33477					82	Street Addi	ess (P.O. Box Number is Not Acceptable)			
						83				
						84	City	FL 85 Zip Code		
11. Pursuant office or r	to the provision of the	ons of Sections 607. ont, or both, in the S	0502 and 6 tate of Florid	07.1508, Florida Sta tu la. Such change was Section 607.0505, F	tes, the a authorize	bove d by	named corp the corporat	oration submits this statement for the purpose of changing its registion's board of directors. I hereby accept the appointment as registr	stered ered	
	, , , , , , , , , , , , , , , , , , ,	in, and hoodyn the o	bilgailte o	, 6561611 567.5666, 11	, c, r, c, c		•			
SIGNATURE	Signature, lyped o	or printed name of registers	d agent and title	if applicable. (NO	TE Registere	od Age	ni signature requir	d when reinstaling) DATE		
12.		OFFICERS	AND DIREC	ID DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	2	
TITLE	D DELETE				1.13	1.1 TITLE		Change A	Addition	
NAME						1.2 NAME			-	
STREET ADDRESS 17 SPANISH RIVER DR				1			ADDRESS			
CITY-ST-ZIP	ZIP OCEAN RIDGE FL 33435			1.4		HTY-S1	T-ZIP			
TITLE				☐ DELETE	2.1 7	ITLE		Change A	Addition	
NAME					2.2 NAME					
STREET ADDRESS	STREET ADDRESS				2.3 STREET ADDRESS		ADDRESS]	
CITY-ST-ZIP					2. 4 CITY - ST - ZIP		·			
TITLE				DELETE	-	3.1 TITLE		Change A	ddition	
NAME					32 N	AME		- • -		

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 of treetor of the corporation or the receiver of the corporation of the receiver of the corporation or the receiver of the corporation of the receiver of the receiver of the corporation of the receiver of the corporation of the receiver of the corporation of t

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY - ST - ZIP

3.4. CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

1. 1. 0 - - 1. 14 0 - 1

Change

Change

☐ Change

Addition

Addition

Addition |

FILED

Mar 03 1998 8:00am

Secretary of State