## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

P94000056697 (3)

COBRA CUES AND BILLIARD SUPPLIES INTERNATIONAL, INC.

FILED May 01 1996 8:00 am Secretary of State



Principal Place of								141 1881 1881
	Business	Mailing Address			(100)(00) 110 (01) 110 (01)			
50 SPYGLASS	S ALLEY	PO BOX 732						
CAPE HAZE FL 33946		ENGLEWOOD, FCA 34295		3. Date Incorporated or Qualified 3a. Date of Last Report			t	
		E-volvesona, 1	- C.87 _	4271	08/01/1994 4. FEI Number	05/01	/1995	)
2. Principal Place	a of Business	2a. Mailing Address			4. FEI Number		Appl	ied For
	Box 732	26			65-0514033	<u> </u>	<del></del>	Applicable Iditional
1 P. O Suite, Apt. #,		Suite, Apt. #, etc.			5. Certificate of Status Desired		ee Req	
2		27			Control Control Control		.00 N	
City & State		City & State			Election Campaign Financing     Trust Fund Contribution		ided to	
3 Saraso	ta, FL	28	T 60	untry	B, This corporation has liability for	intangible tax unde	rs 19	9.032,
<b>Z</b> ip	Country	Zip	30	лиу	Florida Statutes  Yes	. [_] No		
4 34295	9. Name and Address of Curren	29 Agent	190	T	10. Name and Address of New F	Registered Agent		
	9. Name and Address of Correct	r riegiotores rige		81 Name	771-3			
				On Owner Add	r. Harold ress (P.O. Box Number is Not Acceptal	ole)		
KING, C	CLIFFORD M			Street Address (P.O. Box Normal is Not Acceptable) 7550 Fairway Woods Drive				
100 WA	ALLACE AVE SUITE 380			83			2//	128
SARAS	OTA FL 34237			84 City		<b>—</b> 85	Zip C	ode
				1 Cáraca	ota	FL   ~~	342	95
dd D and to	the provisions of Sections 607.0506	and 607.1508, Florida Statu	tes, the ab	ove-named corpo	oration submits this statement for the pu ard of directors. I hereby accept the app	urpose of changing pointment as regist	ered ag	gent. I am
or registere	ed agent, or both, in the State of Flori h, and accept the obligations of, Sec	For 607 0605 Florida Statute	5.					
familiar with	h, and accept the obligations of, sec	Harol	d Mil	ler, Pres	ident 4/2	22/96 DATE		
SIGNATURE.	Signature, typed or printed name of registered ager		OTE: Registers	ed Agent signature requi	red when reinstating!  ADDITIONS/CHANGES TO OF		CTORS	S IN 12
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OF	Cha	ange	Addition
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	170 W DEARRORN ST							
CITY-ST-ZIP	170 W. DEARBORN ST	EN DUILLE		CITY-ST-ZIP	Droeident	Ch	ange	X Addition
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4. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not dearly 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 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 certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report is true.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96

1-800-548-2837

Daytinie Phone #