

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
CORPORATIONS  
MAY 1995

**DOCUMENT # P94000077535 (0)**

1. Corporation Name  
**FLORIDA BILLIARD & RECREATIONAL OUTLET, INC.**

Principal Place of Business      Mailing Address  
**9421 S. ORANGE BLOSSOM TRL  
ORLANDO FL 32837**      **9421 S. ORANGE BLOSSOM TRL  
ORLANDO FL 32837**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report  
**10/19/1994**

2. Principal Place of Business      2a. Mailing Address

4. FEI Number      Applied For  
**59-3267343**       Not Applicable

21. Suite, Apt. #, etc.      26. Suite, Apt. #, etc.

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

22. City & State      27. City & State

6. Election Campaign Financing Trust Fund Contribution       **\$5.00 May Be Added to Fees**

23. Zip      Country      28. Zip      Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes       Yes       No

24.      25.      29.      30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOLLO, AUGUSTINE D  
5013 BERMUDA CIR  
ORLANDO FL 32808**

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City      **FL**      85. Zip Code

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: Agent or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLLO, AUGUSTINE D	1.2 NAME	
STREET ADDRESS	5013 BERMUDA CIR	1.3 STREET ADDRESS	
CITY, ST, ZIP	ORLANDO FL 32808	1.4 CITY, ST, ZIP	
TITLE	DV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLLO, CAROL A	2.2 NAME	
STREET ADDRESS	5013 BERMUDA CIR	2.3 STREET ADDRESS	
CITY, ST, ZIP	ORLANDO FL 32808	2.4 CITY, ST, ZIP	
TITLE	DS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLLO, ANTHONY T	3.2 NAME	
STREET ADDRESS	5013 BERMUDA CIR	3.3 STREET ADDRESS	
CITY, ST, ZIP	ORLANDO FL 32808	3.4 CITY, ST, ZIP	
TITLE	DT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLLO, JAMEY J	4.2 NAME	
STREET ADDRESS	5013 BERMUDA CIR	4.3 STREET ADDRESS	
CITY, ST, ZIP	ORLANDO FL 32808	4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

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 110.07(3)(b), 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: *Carol A. Bollo*      *Carol A. Bollo*      6-7-95      407/240-2322  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Original Filing #