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

FOFIT * CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 😘

Secretary of State DIVISION OF CORPORATIONS

1996

P94000077535 (0) **DOCUMENT #**

FLORIDA BILLIARD & RECREATIONAL OUTLET, INC.

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

Mailing Address

9421 S. ORANGE BLOSSOM TRL. ORLANDO FL 32837



3. Date incorporated or Qualified 3a. Date of Last Report

						10/19/1994	(06/14/1995		
	(CD) winess	2a. Mailing Address				4. FEI Number			Applied For	
. Principal Place of Business		26 26				59-3267343			Not Applicable	
		Suite, Apt. #, etc.				- Carifornia al Status Dosirod	\$8.		5 Additional	
Suite, Apt. #, e	RC.	27				5. Certificate of Status Desired		Fee	Required	
0. 0.0.1.		City & State				6. Election Campaign Financing	F"1		00 May Be	
City & State		28				Trust Fund Contribution Added to Fees				
	Country	Ζφ	Co	untry		8. This corporation has liability for		ix under	s 199.032.	
Ζip	25	29	30			Florida Statutes Yes				
	g. Name and Address of Curren					10. Name and Address of New I	legistered .	Agent		
	5. 110			81	Name					
20110	ALIQUIOTINE D			82	Otroot Addr	ess (P.O. Box Number is Not Accepta	ble)			
	AUGUSTINE D		83 Street A		Street Add	655 (1.0. 20. 1.0. 1.0.				
	RMUDA CIR									
ORLAND	O FL 32808							85	Zip Code	
	•			84	City		FL	_ 65	£ 41 COOG	
Pursuant to t	the provisions of Sections 607.050	2 and 607.1508. Florida S	talutes, the at	ove f	named corpo	ration submits this statement for the pured of directors. Thereby accept the app	urpose of cha ociotment as	anging ic s register	s registered u ed agent. Lan	
or registered	agent, or both, in the State of Flor and accept the obligations of, Sec	nda. Such change was aut thon 607 0505. Florida Sta	nonzed by the dutes	s corp	CIGHOH S DUU	ration submits this statement for the purified of directors. Thereby accept the app		-		
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		ND DIRECTORS	13).		ADDITIONS/CHANGES TO OF				
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CITY-ST-ZIF		ad with this films is vest into	ris: furnished a	and d	oes not qualit	y for the exemption stated in Section 1	19.07(3)(k), f	Florida S	tatutes Liurth	

14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Socion 1930/GMM, Florida Statutes in an 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 supplieriental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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:

**Control of the corporation 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

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SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-96 407-240-2322