

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

FILED
Aug 31, 1999 8:00 am
Secretary of State

08-31-1999 90003 029 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # **P94000077535**

1. Corporation Name
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
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 # 1 23 City & State 24 Zip 25 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 # 1 28 City & State 29 Zip 30 Country
--	---

3. Date Incorporated or Qualified 10/19/1994	4. FEI Number 59-3267343	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
**BOLLO, AUGUSTINE D
5013 BERMUDA CIR
ORLANDO FL 32088**

10. Name and Address of New Registered Agent 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 *Augustine D. Bollo*

DATE **4/30/99**

(Signature, typed or printed name of registered agent and type if applicable.)

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLLO, AUGUSTINE D	1.2 NAME	
STREET ADDRESS	2322 BLACKJACK OAK ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCOE FL 34761	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLLO, CAROL A	2.2 NAME	
STREET ADDRESS	2322 BLACKJACK OAK ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCOE FL 34761	2.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLLO, ANTHONY T	3.2 NAME	
STREET ADDRESS	2322 BLACKJACK OAK ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCOE FL 34761	3.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLLO, JAMEY J	4.2 NAME	
STREET ADDRESS	2322 BLACKJACK OAK ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	OCOE FL 34761	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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 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, with all other like empowered.

SIGNATURE: *Augustine D. Bollo* **AUGUSTINE BOLLO**

DATE **4/30/99**

407-240-2322

(Signature and typed or printed name of signing officer or director)