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Jun 01 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1997/8**



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

DOCUMENT # **P95000054498 (7)**

1. Corporation Name

**FLORIDA EIGHT BALL LEAGUE, INC.**

Principal Place of Business

**217 CITRUS TRAIL  
BOYNTON BEACH FL 33436**

Mailing Address

**217 CITRUS TRAIL  
BOYNTON BEACH FL 33436-1832**

3. Date Incorporated or Qualified

**07/14/1995**

3a. Date of Last Report

**05/01/1998**

2. Principal Place of Business

2a. Mailing Address

21

25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HARLAND, FRANCINE K  
217 CITRUS TRAIL  
BOYNTON BEACH FL 33436**

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PTD** ☐ DELETE

NAME **PETCHNER, ROBERT J**  
STREET ADDRESS **801 NORTH OCEAN BOULEVARD**  
CITY - ST - ZIP **DELRAY BEACH FL 33483**

1.1 TITLE ☐ Change ☐ Addition

TITLE **VSD** ☐ DELETE

NAME **HARLAND, FRANCINE K**  
STREET ADDRESS **217 CITRUS TRAIL**  
CITY - ST - ZIP **BOYNTON BEACH FL 33436**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY - ST - ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY - ST - ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

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TITLE ☐ DELETE

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY - ST - ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY - ST - ZIP ☐ Change ☐ Addition

14. I do 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.

SIGNATURE: *[Signature]*

4-28-98 1541272-2617

CR2E034 (9/96)