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

PROFIT 4 CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Feb 18 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000070098 (3)

CAMPUS COVE BILLIARDS & ENTERTAINMENT CO.

Principal Place of Business Mailing Address							## <b>00</b> 101 10014	DDAI BUILD IS	J <b>iri id</b> ii iddi	
ucf,student Orlando fl	UNION.PEGASUS.BLDG.52.STE.107 32816	UCF.STUDENT UNION.PEGASUS.BLDG.52.STE.107 ORLANDO FL 32816			iTE.107	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified				
						08/13/1997				
2. Principal Pl 21	ace of Business	2a. Mailing Address 26				4. FEI Number 51007768	110t Applicable			
Suite, Apt. a	· •	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State	3	City & State				Election Campaign Financing     Trust Fund Contribution	, , , , , , , , , , , , , , , , , , , ,			
Zip	Country	Zip	Countr	у		8. This corporation owes or has pa	id the curr	ent year In	ntangible	
24	25	29	30			Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent				
	9, Name and Address of Current	81	T N	ame	10. Name and Address of New Re	gistered A	gent			
CORPORATION SERVICE COMPANY 1201 HAYS STREET										
	LAHASSEE FL 32301-2525		82	≧ Sti	reet Addre	ddress (P.O. Box Number is Not Acceptable)				
	Device it seem for		83	1			· · · · · · · · · · · · · · · · · · ·			
			84	Cit	ity		FI	<b>85</b> Zip	Code	
11. Pursuant t	o the provisions of Sections 607.0502	and 607.1508, Florida Statu	tes, the abov	⊥ ve-na	med corpo	oration submits this statement for the p	purpose of	changing i	its registered	
office or re	egistered agent, or both, in the State of familiar with, and accept the obligat	of Ftorida. Such change was	authorized b	by the	orporation	on's board of directors. I hereby accep	ot the appo	ointment as	registered	
SIGNATURE			0.124 0.4.4.4							
SIGNATURE	Signature, typed or printed name of registered agent	and little if applicable (NO	TE Registered Ag	gia trag	nature require	d when reinstating)	DATE			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC				
TITLE	D DELETE		1.1 TITLE				l	Change	Addition	
NAME SANDER, SHELDON STREET ADDRESS UCF,STUDENT UNION,PEGASUS,BLDG.52,STE.107			1.2 NAME							
STREET ADDRESS	ORLANDO FL 32816	13,DLDG.32,31E.10/	13 STREE							
CITY-ST-ZIP	UNDANDO PL 32810	DELETE	1.4 CITY - 1	ST - ZIP	<del>-</del>			Change	Addition	
TITLE NAME		C Decent	2.1 TITLE 2.2 NAME		1		'	Creatige	□1 Vanagan	
STREET ADDRESS			2.2 NAME 2.3 STREET		arce					
CITY-ST-ZIP			2.4 CITY-							
TITLE		DELETE	31 TITLE					Change	Addition	
NAME			3.2 NAME							
STREET ADDRESS			3.3 STREET		RESS					
CITY-ST-ZIP			3.4. CITY-							
TITLE	DELETÉ							Change	Addition	
NAME			4. 2 NAME	1						
STREET ADDRESS			4.3 STREET	T ADDR	BESS					
CITY-ST-ZIP			4.4 CITY - 9	ST-ZIP	,					
TITLE		DELETE	5.1 TITLE					Change	Addition	
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREET	T ADDR	IESS					
CITY-ST-ZIP			5.4 CITY- S	ST-ZIP						
TITLE		☐ DELETE	6.1 TITLE				[	Change	Addition	
NAME	•		6.2 NAME							
STREET ADDRESS			6.3 STREET	t ador'	RESS					
CITY-ST-ZIP			6.4 CITY - S							
14. I hereby co	ertity that the information supplied with on this annual report or supplemental a	ithis filing does not qualify fannual report is true and acr	or the exemp curate and th	otion s nat m	stated in S y signature	Section 119.07(3)(i), Florida Statutes. I e shall have the same legal effect as if	rurther cerl made und	ary that the ler oath; th	intormation at I am an	
officer of d Block 12 o	lirector of the corporation of the receiver Block 13 if changed, or on an atlach	er or trustee empowered to ment with an address.	execute this	repoi	irt as requi	e shall have the same legal effect as if fred by Chapter 607, Florida Statutes;	and that m	y name ap	pears in	

Tal- 2198 WA 238 7140