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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90098 035 \*\*\*150.00

1. Corporation	MENT # P9800( ROLL BILLIARD SUPPLY						
Principal Place	e of Business	Mailing Address			. (CANCAN UND INION (ANY ARING ANY ARING AND IN ANY ARING AND	1147 <b>0</b>   1 <b>0</b> 1110  40121 1	# P # 1   11   14   14   14   14   14   14
625 HIGH STREET WEST PALM BEACH FL 33405 625 HIGH STREET WEST PALM BEACH FL 33405					· ,		
7120. (712 02					DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed 04/30/1998		
Principal Place of Business     2a. Mailing Address					4, FEI Number	<u> </u>	plied For
21		26			65-0836531		Applicable
Cuto, ript. II, Sici		Suite, Apt. #, etc.	etc.		5. Certifcate of Status Desired	\$8.75 A Fee Re	
22 27							<del>`i</del>
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	
Zip	Country Zip		Countr	<del></del>	8. This corporation owes the current year in		0.000
·	25 29 30			,	Personal Property Tax.		□No
24	9. Name and Address of Curr				10. Name and Address of New Registered	Agent	
			81	Name			
	es, Janet		82	Stroot Add	ress (P.O. Box Number is Not Acceptable)		
625 HIGH STREET			02	Sileer Add	Tess (F.O. Box Humber is Not Not place)		
WES	T PALM BEACH FL 33405		83	3			
			84	City		85 Zip C	Code
					poration submits this statement for the purpose of	<b>-</b>   ·   · ·	
SIGNATURE	m familiar with, and accept the oblining familiar with, and accept the oblining familiar with a second seco	gent and title if applicable. (NOTE: f			ed when reinstating)  ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
12.	OFFICERS AND DIRECTORS  DELETE		1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS A	☐ Change	Addition
NAME	JAMES, JANET		1.2 NAME				}
STREET ADDRESS	625 HIGH STREET			T ADDRESS			
CITY-ST-ZIP	WEST BALLS DELOUI EL GOLGE		1.4 CITY-1				ľ
TITLE	,,,,,		2.1 TITLE			Change	Addition
NAME	223		2.2 NAME		•		}
STREET ADDRESS			2.3 STREE	T ADDRESS		. s	
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP			
TITLE	☐ DELETE 3:		3.1 TITLE			☐ Change	Addition
NAME			3.2 NAME				1
STREET ADDRESS			3.3 STREE	ET ADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		Chang-	☐ Addition
TITLE		☐ DELETE	4.1 TITLE			☐ Change	- Angillon
NAME			4. 2 NAME		•		
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			4.4 C/TY-: 5.1 TITLE	51-ZIP		☐ Change	☐ Addition
TITLE		<u></u>	5.2 NAME		·		_
NAME STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			5.4 CITY-				Ì
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME			•	
STREET ADDRESS			6.3 STREE	ET ADORESS			
CITY-ST-ZIP			6.4 CITY-	ST-ZIP			

14. 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:

oret Vinames

JANET JAMES 2/25/99 561-659-5585