


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

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

08-31-1999 90003 030 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000055743					
1. Corporation Name FLORIDA BILLIARDS OF TAMPA INC.					

Principal Place of Business 14813 N DALE MABRY HWY TAMPA, FL 33618	Mailing Address 14813 N DALE MABRY HWY TAMPA FL 33618
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country				2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country				3. Date Incorporated or Qualified 06/22/1998			
4. FEI Number 59-3530313				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
7. This corporation owes the current year Intangible Personal Property.				8. This corporation owes the current year Intangible Personal Property.				9. Name and Address of Current Registered Agent BOLLO, CAROL 2322 BLACK JACK OAK ST OCOE FL 34761			

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code			
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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 true if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<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 BLACK JACK OAK ST			1.3 STREET ADDRESS			
CITY-ST-ZIP	OCOE FL 34761			1.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BOLLO, ANTHONY			2.2 NAME			
STREET ADDRESS	14813 N DALE MABRY HWY			2.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33618			2.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BOLLO, CAROL			3.2 NAME			
STREET ADDRESS	2322 BLACK JACK OAK ST			3.3 STREET ADDRESS			
CITY-ST-ZIP	OCOE FL 34761			3.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BOLLO, JAMEY			4.2 NAME			
STREET ADDRESS	2322 BLACK JACK 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.

SIGNATURE

Carol Bollo

CAROL BOLLO

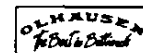
4/30/99

407-240-2322



Florida Billiard, Inc.

Carol A. Bollo • Coordinator



AMF

August 27, 1999

Florida Department of State
Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

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FLORIDA BILLIARD & RECREATIONAL OUTLET, INC.

FLORIDA DOCUMENT #P94000077535

1999 ANNUAL REPORT

FLORIDA BILLIARDS OF TAMPA, INC.

FLORIDA DOCUMENT #P98000055743

1999 ANNUAL REPORT

Dear Sir or Madam:

We have received Second Notices requesting the 1999 Annual Reports and filing fees for two of our companies-Florida Billiard & Recreational Outlet, Inc. and Florida Billiards of Tampa, Inc.

The taxpayer respectfully disagrees with this Notice. After extensive research, it appears that the original 1999 Annual Reports which were filed together in the same envelope on April 30, 1999 may have been lost in the mail. The checks that were enclosed with the original reports have never cleared the bank. Attached are copies of the 1999 Annual Reports as originally filed along with two newly issued checks in the amount of \$150, for a total of \$300.

The taxpayer respectfully requests that the penalty for late filing be waived due to reasonable cause. The taxpayer believed that 1999 Annual Reports were filed timely. The fact that the Department of State had not received the original reports was not due to the taxpayer's willful negligence.

Please call if you have any questions.

Very truly yours,

Carol A. Bollo, Vice President
Enclosures