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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$54430

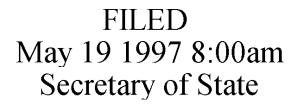
(1)

AMERICAN BILLIARDS, INC.

Principal Place of Business

Mailing Address

1751 WEST COPANS RD. POMPANO BEACH FL 33064 1751 WEST COPANS RD. POMPANO BEACH FL 33064-153





POMPANO BEA	CH FL 33064	POMPANO BEACH FL 33064-1533									
	1						3. Date Incorporated or Qualified 05/20/1991		te of Last F 8/1996	Beport	
_	lace of Business	2a. Mailing Address					4. FEI Number			oplied For	
21	# -1-	[26]					65-0403802			ot Applicable	
Sulte, Apt.		Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	0		City & S	State				Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Co	ountry	Zip		Counti	у		8. This corporation has liability for	intangible	tax under s	. 199.032,
24	25		29		30			Florida Statutes	1] No	
		ddress of Curre	nt Registered Ag	jent		-r:		10. Name and Address of New Re	gistered #	Agent	
GLICKMAN, JOSEPH						יון וי	Vame				
	WEST COPANS			82			ss (P.O. Box Number is Not Acceptal	ole)			
POM	i <mark>pano be</mark> ach fi	L 33064			8:	3				~~~	
					84		Dity	****		or Zin	Code
					6.	' '	ыу		FL	85 Zip	C006
SIGNATURE	m familiar with, and							oration submits this statement for the jun's board of directors, it hereby acce	DATE		
12.		OFFICERS AN	ND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFIC	CERS AND	DIRECTOR	RS IN 12
TITLE	D		<u> </u>	DELFTE	1,1 1011.6					Change	Addition
NAME	GLICKMAN, JO				1.2 NAME						
STREET ADDRESS	1751 W. COPA				1.3 \$1856	T ADO	ORESS				
CITY-ST-ZIP	POMPANO BEA	CH FL			1.4 C(1Y-	\$1-2	TIP .				
TITLE			1	DITELE	2.1 117LE					Change	Addition
NAME					2.2 NAME						
STREET ADDRESS				,	23 STREE	i adi	DRESS				
CITY-ST-ZIP					2 4 CITY		ZIP.				
TITLE				DELETE	3 1 TITLE			•		Change	Addition
NAME					3.2 NAME		1				
STREET ADDRESS					3.3 STREE						
CITY-ST-ZIP				DELETE	3.4, CITY		ZIF			Change	Addition
TITLE			l	F'T DECETE	4.1 T(1LE					L vilange	LI MUUIIOII
NAME STREET ADDRESS					4. 2 NAM 4.3 STREE		not ec				
CITY-ST-ZIP TITLE				DELETE	4.4;CI1Y-		nr			Change	Addition
NAME			,		5 2 NAME						
STREET ADDRESS					5.3 STREE		DRESS				
CITY-ST-ZIP					5.4 ICITY						
TITLE				DELETE	6.1 3171.8		"			Change	Addition
NAME			·		6.2 NAME						
STREET ADDRESS					6.3 BIREE		CIRESS				
CITY-\$T-ZIP					6.4 DITY-		Ì				
2111 V1-40					0.4 DH11	V1 6					

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 on an artist part of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filing does not qualify to exempt on the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filing does not qualify the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filing does not qualify to exempt on the information indicated in 119.07(3)(i), Florida Statutes. I further certify that the information indicated in 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in 119.07(3)(ii

CICALATURE.

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