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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
Division OF CORPORATIONS

1997

DOCUMENT # S83223

(5)

BREAKERS FAMILY BILLIARDS, INC.								
Principal Plac	e of Business	Mailing Address				- 1 MARATALIS DEL FONOL FINIA PARTA LADRO RUN	BIQII QIBII QIBII QIQII	#### #UNII FNII
2987 ALAFAYA TRAIL OVIEDO FL 32785 2987 ALAFAYA TRAIL OVIEDO FL 32785 OVIEDO FL 32785-9483								
						3. Date Incorporated or Qualified	3a. Date of La	_ '
2. Principal P	lace of Business	2a. Mailing Address				09/26/1991 4. FEI Number	03/13/199	Applied For
21		26				59-3086474		Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$8.7	5 Additional
22		27				G. Certificate of Status Desired	Fee	e Required
City & State	€	City & State				6. Election Campaign Financing		00 May Be 🧳
Zıp	Country	28	Countr			Trust Fund Contribution		led to Fees
24	25	29	30			This corporation has liability for intangible tax under s. 199.032, Florida Statutes		ar s. 199.032,
	9. Name and Address of Curren					10. Name and Address of New Re		
PAR	IKER, DANIEL W			81	Name			
2987 ALAFAYA TRAIL				82	Street Addre	ess (P.O. Box Number is Not Acceptab	le)	
OVIEDO FL 32785						idioso (i .o. box righton is the recording)		
				83				
			ľ	84	City		85	Zip Code
		0 1007 1000 Et 11 01 1					FL °°	- 1
office or r agent. I a	to the provisions or Sections 507,050 registered agent, or both, in the State am familiar with, and accept the obliga	2 and 607,1508, Florida Statul of Florida. Such change was ations of, Section 607.0505, Fl	authorized orida Stati	by to utes.	named corporation	oration submits this statement for the pon's board of directors. I hereby accep	or the appointmen	t as registered
SIGNATURE		(A)				d when reinslating)	DATE	
12.	Signature typed or printed name of registered age OFFICERS ANI		13.	Agent	signature require	ADDITIONS/CHANGES TO OFFIC		TORS IN 12
11:16	P			1.1 TITLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Char	
NAME	PARKER, DANIEL W		1.2 NA	1.2 NAME				
STREET ADDRESS	3549 SCOUT OAK LOOP		1.3 STR		DORESS			
CHTY - ST - ZIP			1.4 CIT	Y-ST	ZIP			
TITLE	S	DELETE					Chan	nge 🔲 Addition
NAME	PARKER, VIVIAN C			ME				
STREET ADDRESS	3549 SCOUT OAK LOOP				ODRESS			
CITY - ST - ZIP	OVIEDO FL	DELETE	2 4 Ci DELETE 3.1 Til		ZIP		Char	nge Addition
TITLE NAME	, -·				-			As The Longition
STREET ADDRESS	1 LAMPER DE MAN 1		3.2 NA 3.3 STI	ME REET AL	ODRESS			
CITY-ST-7IP				TY-ST-				
Tift	T	DELETE	4.1 TIT				Char	nge Addition
NAME	PARKER, DEAN J		4. 2 N/	AME				
STREET ADDRESS	3549 SCOUTOAK LOOP		4.3 ST	REET AL	DORESS			
City-St-752	OVIEDO FL		4.4 CiT	Y-ST-	ZIP			
1/ILF	AVP	☐ DELETE	5.1 T IT				Chan	nge 🔲 Addition
NAME	PARKER, DORI A.		52 NA					
STREET ADDRESS	3549 SCOUTOAK LOOP		1		DAESS			
CITY - S1 - ZIP	OVIEDO FL	DELETE	54 CIT	Y-ST-	ZiP		Char	nge 🔲 Addition
TITLE NAME	AVP Walker, Robrt N.		62 NA		}		L.J Ollai	in Thomas
NAME STREET ADDRESS	102 COLONIAL LANE				OORESS			
CITY - ST - ZIP	LONGWOOD FL			NEET AL	1			
14. I do nerel	by certify that the information supplied		fy for the	exem	otion stated	in Section 119.07(3)(i), Fiorida Statute		
Lam an o		the receiver or trustee empoy	vered to e			my signature shall have the same lega as required by Chapter 607, Florida S		

SIGNATURE: 7/2

Williams & Porter Down Borne or Signing of the Arthrech Chy

Man 14, 1997 366-3156

FILED

May 02 1997 8:00am

Secretary of State