FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S93285** **(2)**

1. Corporation Name
OUTDOOR BILLIARDS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 794 SUMMERLAND KEY FL 33042	PO BOX 420794 SUMMERLAND KEY FL 33042-0794 US

3. Date Incorporated or Qualified: **11/12/1991**
3a. Date of Last Report: **04/14/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 P.O. Box 420488
Suite, Apt. #, etc.
27
City & State
28 Summerland Key, FL
Zip 29 33042-0488 Country 30 USA

4. FEI Number: **65-0300265** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ARMOUR, ALAN I., II
1645 PALM BEACH LAKES BLVD.
SUITE 1200
W. PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE: P/P/T	☒ Change ☐ Addition
NAME	SHATT, J. MURRAY	12 NAME:	
STREET ADDRESS	37 W. SHORE DR	13 STREET ADDRESS: 350 WESTSHORE DRIVE	
CITY-ST-ZIP	SUMMERLAND KEY FL	14 CITY-ST-ZIP:	
TITLE	S	21 TITLE: V/S	☒ Change ☐ Addition
NAME	SHATT, MARY H	22 NAME:	
STREET ADDRESS	37 WESTSHORE DRIVE	23 STREET ADDRESS: 350 WESTSHORE DRIVE	
CITY-ST-ZIP	SUMMERLAND KEY FL	24 CITY-ST-ZIP:	
TITLE		31 TITLE:	☐ Change ☐ Addition
NAME		32 NAME:	
STREET ADDRESS		33 STREET ADDRESS:	
CITY-ST-ZIP		34 CITY-ST-ZIP:	
TITLE		41 TITLE:	☐ Change ☐ Addition
NAME		42 NAME:	
STREET ADDRESS		43 STREET ADDRESS:	
CITY-ST-ZIP		44 CITY-ST-ZIP:	
TITLE		51 TITLE:	☐ Change ☐ Addition
NAME		52 NAME:	
STREET ADDRESS		53 STREET ADDRESS:	
CITY-ST-ZIP		54 CITY-ST-ZIP:	
TITLE		61 TITLE:	☐ Change ☐ Addition
NAME		62 NAME:	
STREET ADDRESS		63 STREET ADDRESS:	
CITY-ST-ZIP		64 CITY-ST-ZIP:	

☐ DELETE

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is accurate, except for any fictitious name not qualified for the purposes stated in Section 865.09, 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, added, or deleted.

SIGNATURE: J Murray Shatt 4/2/96 305-745-1228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #