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

PROFIT CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S93285 (2)

Secretary of State

FILED

Mar 19 1998 8:00am

OUTD	OOR BILLIARDS, INC.				
Principal Place	o of Business	Mailing Address	 	-	AISKI DIGIL BIDIL ALDIL AKAKI 1861
-P.O. BOX 420488					
SUMMERLAND KEY FL 33042		SUMMERLAND KEY FL 33042-0488		DO NOT WRITE IN THIS SPACE	
		US		3. Date Incorporated or Qualified	
				11/12/1991	
2. Principal P	lace of Business	2a. Marting Address		4. FEI Number	Applied For
	OVERSEAS HIGHWAY	26		65-0300265	Not Applicable
Suite, Apt		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	1	City & State		6. Election Campaign Financing	\$5.00 May Be
23 5 kmm(Zip	Country	28 Zus	Country	Trust Fund Contribution	Added to Fees
24 3304		Zip 3	60 COOTHIN	8. This corporation owes or has paid the operation of Personal Property Tax due June 30.	Yes No
24 570 .	9. Name and Address of Current	A Table to the control of the contro	T	10. Name and Address of New Registere	
ARMOUR, ALAN I., II 81 Name					
4045 DALLA DEAOLA LAVEC DILAD				and (D.C. Pay Number in Not Accordable)	
SUITE 1200			62 Street Addit	ess (P.O. Box Number is Not Acceptable)	
	/. PALM BEACH FL 33401		83		
			84 City		85 Zip Code
				F	L
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					
office or registered agent, or both, in the State of Floridal Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE					
	Signature typed or protect name of registered agont		Hingistered Agent signature require		
12. TITLE	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	SHATT, J. MURRAY		1.2 NAME		
STREET ADDRESS	350 WESTSHORE DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	SUMMERLAND KEY FL		1.4 CITY-ST-ZIP		
TITLE	VS	DFLETE	2.1 TIFLE		Change Addition
NAME	SHATT, MARY H		2.2 NAME		
STREET ADDRESS	350 WESTSHORE DR.		2.3 STREE1 ADDRESS)
CITY-ST-ZIP	SUMMERLAND KEY FL		2 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TATLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREE1 ADDRESS		
CITY-ST-ZIP			3.4. CITY - \$1 - 2IP		
TITLE		☐ DEFELE	41 TIPLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		ľ
CITY-ST-ZIP		DELETE	4.4 City-ST-ZiP 5.1 Title		Change Addition
TITLE		peren	5.2 NAME		
NAME STREET ADDRESS					1
			5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE		Change Addition
NAME		<u> </u>	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		İ
CITY-ST-ZIP			64 CITY-ST-ZIP)
	ertify that the information supplied will	n this filing does not qualify for		Section 119.07(3)(i), Florida Statutes. I further	certify that the information

to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

305-745-1228