
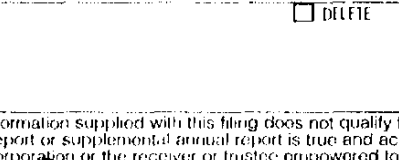


FILED

Mar 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S93285 1. Corporation Name OUTDOOR BILLIARDS, INC.		(2)	
Principal Place of Business P.O. BOX 794 SUMMERLAND KEY FL 33042		Mailing Address P.O. BOX 420488 SUMMERLAND KEY FL 33042-0488 US	
2. Principal Place of Business 21 24536 OVERSEAS HIGHWAY Suite, Apt. #, etc. 22 City & State 23 Summerland Key, FL Zip 24 33042		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	
9. Name and Address of Current Registered Agent ARMOUR, ALAN I., II 1645 PALM BEACH LAKES BLVD. SUITE 1200 W. PALM BEACH FL 33401		81 Name 82 Street Address 83 84 City	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporation or registered agent, or both, and accept the obligations of Section 607.0505, Florida Statutes.			
SIGNATURE Signature, typed or printed name of registered agent and time if applicable (NOTE: Registered Agent signature required)			
12. OFFICERS AND DIRECTORS			
12. TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT SHATT, J. MURRAY 350 WESTSHORE DR. SUMMERLAND KEY FL	<input type="checkbox"/> DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS SHATT, MARY H 350 WESTSHORE DR. SUMMERLAND KEY FL	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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 607.0502, Florida Statutes, and that my signature is not required to execute this report as required by Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: 		J. MURRAY SHATT	