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 # V14573

(2)

SHOOTI	ers billiards, inc.						
Principal Plac	e of Business	Mailing Address			- I INDII OLISANI EIGIL OLINI OLINI INOON ILEI	ĐIĐẠI ĐIĐII ĐIĐỊI ĐỊĐỊI ĐIĐII ĐIĐI	
		7200 SW 117 AVE. MIAMI FL 33183-3802					
					3. Date incorporated or Qualified 02/14/1992	3a. Date of Last Repo 03/05/1996	ort
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Appli	ed For
21		26		······	65-0331225	·····	pplicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Add	
City & Stat	· · · · · · · · · · · · · · · · · · ·	City & State			6. Election Campaign Financing		
23		28			Trust Fund Contribution	\$5.00 Ma	•
Zip	Country	Zip	Country		8. This corporation has liability for i		
24	25		30			Yes No	73.00E,
1	9. Name and Address of Current				10. Name and Address of New Re	gistered Agent	
PEN	INA, JOSEPH ANTHONY		81	Name			
	05 SW 182 AVE.		82	Street Addre	ess (P.O. Box Number is Not Acceptab	le)	
MIA	MI FL 33170						
•			83				
		•	84	City		85 Zip Coo	 de
						FL	
office or a	to the provisions of Sections 607.0502 registered agent, or both, in the State o im familiar with, and accept the obligat	of Florida. Such change was a	uthorized by 1	named corpo the corporation	pration submits this statement for the pon's board of directors. I hereby accep	urpose of changing its re it the appointment as rec	agistered agistered
SIGNATURE	·						
12.	Sign in certify will be printed nome of registered agent OFFICERS AND		Hogistered Agent	I signature require	d when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE FRS AND DIRECTORS I	N 12
TITLE	PD	DELETE	1,1 TITLE	············	ADDITIONS/OFFACES TO OFFICE		Addition
NAME	PENNA, JOSEPH ANTHONY		1.2 NAME				
STREET ADDRESS	22705 SW 182 AVE.		1.3 STREET A	DDRESS			
CITY - ST - 7IP	MIAMI FL 33170		1.4 CITY - ST				
TILE	TSD	☐ DELETE	2.1 TITLE			Change [Addition
NAME	SALSTEIN, ABRAHAM						
STREET ADDRESS	7800 SW 132 ST.		2.3 STREET A	DDRESS			
CITY - \$1 - ZIP	MIAMI FL 33156		2. 4 CITY-ST	- ZiP			
THILE	VO	☐ DELETE	3.1 TITLE			Change	Addition
NAME	SALSTEIN, HOWARD		3.2 NAME				
STREET ADDRESS	13821 SW 108 AVE.		3.3 STREET A	DDRESS			
CHTY - ST - ZIP	MIAMI FL 33176	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3.4. CITY-ST	-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAMÉ			4. 2 NAME				
STREET ADDRESS			4.3 STREET A	DDRESS			
CITY - ST - ZIP			4.4 CITY - ST-	ZIP			-
TITLE		DELETE	5.1 TITLE			Change [Addition
NAME			5.2 NAME				1.1
STREET ADDRESS			5.3 STREET A	DDRESS		$X \subset \mathcal{E}$	ナバ
CITY-SI-ZIP			5.4 CITY-ST	- ZIP		· · · · · · · · · · · · · · · · · · ·	1
TITLE		☐ DELETE	6.1 TITLE		40000208 -02/17/970100	i⊟ jejkq bange l	Addition
NAME			6.2 NAME		-02/17/978100	JDUU (
STREET ADDRESS			6.3 STREET A	DDRESS	***165.00		

14. Ho 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 ham 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, or on an attachment with an address.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

FILED

Feb 14 1997 8:00am

Secretary of State