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95 MAY -1 AM 5:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **V20663** **(3)**

1. Corporate Name
BREAKSHOT BILLIARDS, INC.

Principal Place of Business	Mailing Address
12794 FOREST HILL BLVD STE 19 W. PALM BEACH FL 33414 US	12794 FOREST HILL BLVD SUITE 19 W. PALM BEACH FL 33414 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
03/12/1992	04/15/1994

2. Principal Place of Business (21) — Suite Apt. # etc. (22) — City & State (23) — Zip (24) — County (25)

2a. Mailing Address (26) — Suite Apt. # etc. (27) — City & State (28) — Zip (29) — County (30)

4. FEI Number: 65-0318048 ☐ 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 or intangible tax under § 199.032* Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

MAGGIO, VINCENT J.
558 OLD COUNTRY RD.
SUITE 1002
W. PALM BEACH FL 33414

10. Name and Address of New Registered Agent

81 Name: MAGGIO, VINCENT J.
82 Street Address (P.O. Box Number is Not Acceptable): 558 OLD COUNTRY ROAD
83
84 City: WEST PALM BEACH FL 85 Zip Code: 33414

11. Pursuant to the provisions of Section 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 agent. I am familiar with and accept the obligations of section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE: PD NAME: MAGGIO, VINCENT STREET ADDRESS: 558 OLD COUNTRY ROAD CITY ST ZIP: W. PALM BEACH FL	☐ Change ☐ Addition
TITLE: STD NAME: MAGGIO, KAREN STREET ADDRESS: 558 OLD COUNTRY ROAD CITY ST ZIP: W. PALM BEACH FL	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY ST ZIP:	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY ST ZIP:	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY ST ZIP:	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY ST ZIP:	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is complete, accurate and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental attached 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 above or on an attachment with an additional.

SIGNATURE: Karen L. Maggio 4/28/95 407-790-1257
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
KAREN L. MAGGIO

0252061 CP