


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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90042 014 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V20663					
1. Corporation Name BREAKSHOT BILLIARDS, INC.					
Principal Place of Business 12794 FOREST HILL BLVD STE 19 W. PALM BEACH FL 33414 US			Mailing Address 12794 FOREST HILL BLVD. SUITE 19 W. PALM BEACH FL 33414 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 03/12/1992	
				4. FEI Number 65-0318048	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 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 607.1508, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE PD <input checked="" type="checkbox"/> DELETE			1.1 TITLE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME MAGGIO, VINCENT			1.2 NAME MAGGIO/JOHN		
1.3 STREET ADDRESS 558 OLD COUNTRY ROAD			1.3 STREET ADDRESS 158-27 82ND STREET		
1.4 CITY-ST-ZIP W. PALM BEACH FL			1.4 CITY-ST-ZIP HOWARD BEACH, NY 11414		
2.1 TITLE STD <input checked="" type="checkbox"/> DELETE			2.1 TITLE VICE-PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME MAGGIO, KAREN			2.2 NAME MAGGIO/VINCENT		
2.3 STREET ADDRESS 558 OLD COUNTRY ROAD			2.3 STREET ADDRESS 558 OLD COUNTRY ROAD		
2.4 CITY-ST-ZIP W. PALM BEACH FL			2.4 CITY-ST-ZIP WELLINGTON, FL 33414		
3.1 TITLE <input type="checkbox"/> DELETE			3.1 TITLE SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME			3.2 NAME MAGGIO/KAREN		
3.3 STREET ADDRESS			3.3 STREET ADDRESS 558 OLD COUNTRY ROAD		
3.4 CITY-ST-ZIP			3.4 CITY-ST-ZIP WELLINGTON, FL 33414		
4.1 TITLE <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME			4.2 NAME		
4.3 STREET ADDRESS			4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP			4.4 CITY-ST-ZIP		
5.1 TITLE <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME			5.2 NAME		
5.3 STREET ADDRESS			5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP			5.4 CITY-ST-ZIP		
6.1 TITLE <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
6.2 NAME			6.2 NAME		
6.3 STREET ADDRESS			6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP			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 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 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, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Karen L. Maggio*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/95

Date

561-790-1297

Daytime Phone #

CR2E034 (11/98)