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Mar 20 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # J11096 (1)
 1. Corporation Name
PROFESSIONAL CONCESSIONS, INC.



Principal Place of Business: **C/O WAR MEMORIAL AUDITORIUM 600 N.E. 8TH ST. FT LAUDERDALE FL 33304**
 Mailing Address: **C/O WAR MEMORIAL AUDITORIUM 600 N.E. 8TH ST. FT LAUDERDALE FL 33304-2867**

3. Date Incorporated or Qualified: **04/24/1986**
 3a. Date of Last Report: **04/09/1996**

2. Principal Place of Business: **21**
 2a. Mailing Address: **26 13420 SOUTH SHORE**
 Suite, Apt. #, etc.: **27 RD**
 City & State: **28 WELLINGTON FL**
 Zip: **29 33414** Country: **30 PALM BEACH**
 4. FEI Number: **59-2691892**
 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 for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **TEPPS, JEROME L. 3411 POWERLINE ROAD SUITE 701 FT LAUDERDALE FL 33309**
 10. Name and Address of New Registered Agent: **B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 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: _____ DATE: _____
Register, type or print name of registered agent and fee, if applicable. (NOTE) Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DP	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: FARIA, FRANK, JR.		1.2 NAME	
STREET ADDRESS: 353 WEST 47 STREET APT 6E		1.3 STREET ADDRESS	
CITY-ST-ZIP: MIAMI BEACH FL		1.4 CITY-ST-ZIP	
TITLE: DC	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MANIERI, DENNIS, J		2.2 NAME	DP MANIERI, DENNIS J.
STREET ADDRESS: 2213 N.E. 16 CT.		2.3 STREET ADDRESS	2213 N.E. 16 CT
CITY-ST-ZIP: FT. LAUDERDALE FL		2.4 CITY-ST-ZIP	FT LAUD, FL 33305
TITLE: DV	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BECK, BRUCE E.		3.2 NAME	DV BECK, BRUCE E
STREET ADDRESS: 1407 OLD CYPRESS TRAIL		3.3 STREET ADDRESS	1407 OLD CYPRESS TRAIL
CITY-ST-ZIP: WELLINGTON FL		3.4 CITY-ST-ZIP	WELLINGTON FL 33414
TITLE: _____	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		4.2 NAME	
STREET ADDRESS: _____		4.3 STREET ADDRESS	
CITY-ST-ZIP: _____		4.4 CITY-ST-ZIP	
TITLE: _____	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		5.2 NAME	
STREET ADDRESS: _____		5.3 STREET ADDRESS	
CITY-ST-ZIP: _____		5.4 CITY-ST-ZIP	
TITLE: _____	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		6.2 NAME	
STREET ADDRESS: _____		6.3 STREET ADDRESS	
CITY-ST-ZIP: _____		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: **Bruce Beck** **3-14-97 (561) 793 1971**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)