

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Linda B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

DOCUMENT # **L30451**

(3)

95 MAY -1 PM 2:21

F & W CONCESSIONS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **% J PATRICK DYAL
1401 E BROWARD BLVD
FT LAUDERDALE FL 33301**

Mailing Address: **% J PATRICK DYAL
1401 E BROWARD BLVD
FT LAUDERDALE FL 33301**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/15/1989** 3a. Date of Last Report: **05/01/1994**

4. FEI Number: **06-1284649** 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**

7. This Corporation has liability for intangible tax under C. 109.050, Florida Statutes: Yes No

2. Principal Place of Business: **21** 2a. Mailing Address: **26**

State, Apt. #, etc: **22** State, Apt. #, etc: **27**

City & State: **23** City & State: **28**

Country: **24** Country: **29** Province: **30**

9. Name and Address of Current Registered Agent

**DYAL, J PATRICK
1401 E BROWARD BLVD
FT LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

81. Name: _____

82. Street Address (P.O. Box Number is Not Acceptable): _____

83. _____

84. City: _____ 85. Zip Code: **FL**

11. I, the undersigned, in the presence of Section 607.050(3) 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 not a wife, child or next of kin of the corporation. (See Section 607.050(3), Florida Statutes.)

SIGNATURE: _____ (Signature of Registered Agent) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. TITLE: PD	FRALEIGH, DENNIS R. 1561 S CONGRESS AVE #148 DELRAY BEACH FL	11. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. TITLE: VD	WRIGHT, RICHARD P. 1561 S CONGRESS AVE #148 DELRAY BEACH FL	12. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
13. TITLE:		13. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
14. TITLE:		14. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
15. TITLE:		15. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
16. TITLE:		16. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
17. TITLE:		17. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
18. TITLE:		18. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
19. TITLE:		19. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
20. TITLE:		20. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I do hereby certify that the information supplied with this filing is so carefully furnished and checked that it 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 1, or Block 1a if changed, or on an attachment with an address.

SIGNATURE: *Dennis R. Fraleigh*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DENNIS R. FRALEIGH

4-15-95 914-876-7035