

MAY -09 '97 (FRI) 15:05

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

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May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra S. Northing Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K19583 (9) 1. Corporation Name RICKEY'S COMMISSARY, INC.					
Principal Place of Business 5637 Funston St. Hollywood, FL 33023			Mailing Address 4799 Hollywood Blvd. Hollywood, FL 33021		
2. Principal Place of Business 81 Suite, Apt. #, etc. 82 City & State 83 Zip 84 Country		2a. Mailing Address 86 Suite, Apt. #, etc. 87 City & State 88 Zip 89 Country		3. Date Incorporated or Qualified 03/25/88 3a. Date of Last Report 04/29/96 4. FEI Number 65-0039238 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 s. 199.032, Florida Statutes ☒ Yes ☐ No	
8. Name and Address of Current Registered Agent Michael P. Striar, Esquire 4601 Sheridan Street Suite 500 Hollywood, FL 33021			9. Name and Address of New Registered Agent 91 Name 92 Street Address (P.O. Box Number is Not Acceptable) 93 94 City 95 FL 96 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		12.1 TITLE 12.2 NAME 12.3 STREET ADDRESS 12.4 CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		14.1 TITLE 14.2 NAME 14.3 STREET ADDRESS 14.4 CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		97.1 TITLE 97.2 NAME 97.3 STREET ADDRESS 97.4 CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		100.1 TITLE 100.2 NAME 100.3 STREET ADDRESS 100.4 CITY-ST-ZIP			

SIGNATURE: *Barbara A. Mitchell*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BARBARA A. MITCHELL

05/01/97 954-966-1424

Date

Daytime Phone