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

Peter V Checke

SIGNATURE:

PROFIT

Feb 17 1998 8:00am CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 344605 (1)TOWN TAVERN, INC. Principal Place of Business Mailing Address 512 NORTH FEDERAL HWY. **601 NEW BRUNSWICK AVENUE** P. O. BOX 333 P. O. BOX 333 DO NOT WRITE IN THIS SPACE **BOYNTON BEACH FL 33435** RAHWAY NJ 07065-0333 3. Date Incorporated or Qualified 04/15/1969 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 59-1258580 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name PARELLA, JOANNE P. **5204 WATERVIEW CIR** Street Address (P.O. Box Number is Not Acceptable) PALM SPRINGS FL 33461 83 84 City 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 agont 1 am familiar with, and accept the obligations of Section 607.0505, Florida Statutes. (NOTE Repistered Agent signature required when reinstating) CR2E034 (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition 1.1 HITE TITLE CHECHE, PETER 1.2 NAME NAME **601 NEW BRUNSWICK AVENUE** STREET ADDRESS 1.3 STREET ADDRESS RAHWAY NJ CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE ☐ Addition 21 TITLE TITLE GERBINO, CAROLE A. 2.2 NAME NAME **601 NEW BRUNSWICK AVENUE** 2.3 STREET ADDRESS STREET ADDRESS RAHWAY NJ 2 4 CITY- \$1- ZIP CITY-S1-ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME 33 STREET ADDRESS STREET ADORESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-S1-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 51 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELFTE Addition 6.1 TITLE 6.2 NAME STREET ADDRESS 63 STREET ADDRESS 44. 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 eath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

1/30/98

561-439-4311

FLORIDA DEPARTMENT OF STATE

FILED