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

PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 05 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # 619870

(9)

FAIR TIME NOVELTY AND CONCESSION SUPPLY, INC.

Principal Place	e of Business	Mailing Address		1 100(10 031E) FF01B 10(6) (0(1) (00)( 00)( 1	DIBIL DIDII GIDII DIBIL TIBIL DIBIL ISDI	
14172 HONEYWELL ROAD LARGO FL 34841-4729		14172 HONEYWELL ROAD LARGO FL 33771-4729				
					3. Date Incorporated or Qualified 04/27/1979	3a. Date of Last Report 05/01/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-1906568	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
Zip Country		Zip Country		Trust Fund Contribution	Added to Fees	
24	25	h h	30	<b>,</b>	8. This corporation has liability for in	ntangible tax under s. 199.032, Yes :: No
<del>27</del>	9. Name and Address of Curren				10. Name and Address of New Registered Agent	
HIGG	NS, JOHN P.		81	Name		
BARNETT TOWER, 200 CENTRAL AVE. SUITE 2300			82	Street Ad	dress (P.O. Box Number is Not Acceptab	ole)
	PETERSBURG FL 33701		83			
			84	City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statules, the above-named corporation submits this statement for the purpose of changing its regingly 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, 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, or both, in the State of Florida.						
office or r	egistered agent, or both, in the State im familiar with, and accept the obligation	of Florida, Such change was au	ithorized b	y the corpor	alion's board of directors. I hereby accer	ot the appointment as registered
•	an amina with and accept the oblige	inona di, sociiori doi .dodo, i ioi	ida Siaidio	<b>J</b> .		
SIGNATURE Signature, typed or printed name of registried agent and title if applicable (NOTE: Registered Agent s				ont signature req	uired when reinstating)	DATE
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	PD DADDADA	☐ DELETE	1.1 TITLE			Change Addition
NAME	AATA MANELAUELL OD		1.7 NAME			
STREET ADDRESS	ABOO EI			I ADDRESS		
CITY-ST-ZIP	VD VD			S1-ZIP		Change Addition
TITLE	MODOLOGIE JOHN		2.1 THILE			Change ( Addition
NAME STREET ADDRESS	AATA MANGAREM DD		2.2 NAME	1 ADDRESS		
CITY-ST-ZIP	LABOO EL		2.4 CITY-	,		
TITLE	STD	DELFTE	3.1 THLE	21-711	<del></del>	Change Addition
NAME	SIPIORA, ANDREA	, <u>.</u>	3.2 NAM{			, ,
STREET ADDRESS	13070 CENTER AVENUE			I ADDRESS		
CITY-ST-ZIP	LARGO FL			\$1 - <b>2</b> (P		
TITLE	D	DELETE	4.1 1/TLE			Change Addition
NAME	SIPIORA, CHRISTOPHER		4 2 NAME			
STREET ADDRESS	13070 CENTER AVENUE		43 STREE	T ADDRESS		
CITY-ST-ZIP	LARGO FL		4 4 City-s	S1 - 71P		
TITLE	DELETE 51		51 THE			☐ Change ☐ Addition
NAME			5.8 NAME			
STREET ADDRESS			5.8 STREE	1 AODRESS		
CITY-ST-ZIP		T actors	5.4 CiTY-	S1 - ZIP		
TITLE	DELETE 6.1		6.1 TITLE			Change Addition

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.