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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Jan 31 1997 8:00am

Secretary of State

3a. Date of Last Report

561/833-4000

Daytime Phone # 0039473

Date

3. Date Incorporated or Qualified

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT

Principal Place of Business

121 S. 13TH ST., P.O. BOX 82028

PALM BEACH FL

SIGNATURE: Robert G Gordon

800 LINCOLN SQUARE

LINCOLN NE 68501

F94000002761 (4)

Mailing Address LEE BIGORDON ESO

350 ROYAL PALM WAY 4TH FLOOR

PALM BCH FL 33480-4327

CONFRERIE DE LA CHAINE DES ROTISSEURS BAILLIAGE DE PALM BEACH, INC.

05/26/1994 01/26/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 22-3335680 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional XX 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country Zip Zip 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GORDON, LEE B Street Address (P.O. Box Number is Not Acceptable) 82 350 ROYAL PALM WAY 83 PALM BEACH FL 33480 84 City Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 em familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Flegistered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)13. Addition Change DELETE TITLE 1.1 TITLE GORDON, ROBERT G NAME 1.2 NAME 350 ROYAL PALM WAY STREET ADDRESS 1.3 STREET ADDRESS PALM BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TIFLE 2.1 TITLE GORDON, SCOTT 2.2 NAME NAME 350 ROYAL PALM WAY 2.3 STREET ADDRESS STREET ADDRESS PALM BEACH FL CITY - ST - ZIP 2.4 CITY-ST-ZIP DELETE Addition 3.1 TITLE TITLE BASIL, DANIELLE 3.2 NAME NAME 2062 CEZANNE ROAD STREET ADDRESS 3.3 STREET ADDRESS WEST PALM BEACH FL 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change Addition VD. 4.1 TITLE TITLE GOLDBERG, EUGENE NAME 4.2 NAME 11796 MAIDSTONE DRIVE STREET ADDRESS 4.3 STREET ADDRESS WEST PALM BEACH FL CITY-ST-ZIP 4.4 CITY-ST-ZIP Change A. Addition A DELETE 5.1 TITLE TITLE DIEDWARDO, JUDY 5.2 NAME NAME Daniel Ponton **524 EASTWIND DR** 5.3 STREET ADORESS STREET ADDRESS 215 Peruvian Avenue N PALM BEACH FL 5.4 CITY-ST-ZIP CITY-ST-ZIP Palm Beach, FL 33480 DELETE Change Addition TITLE 6.1 TITLE GORDON, ARLETTE NAME 6.2 NAME 980 NORTH LAKE WAY STREET ADORESS 6.3 STREET ADDRESS

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address?