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FILED

Mar 20 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J11096 (1)

1. Corporation Name  
PROFESSIONAL CONCESSIONS, INC.



Principal Place of Business  
C/O WAR MEMORIAL AUDITORIUM  
800 N.E. 8TH ST.  
FT LAUDERDALE FL 33304

Mailing Address  
C/O WAR MEMORIAL AUDITORIUM  
800 N.E. 8TH ST.  
FT LAUDERDALE FL 33304-2867

3. Date Incorporated or Qualified 04/24/1986  
3a. Date of Last Report 04/09/1996

2. Principal Place of Business  
21 Suite Apt. # etc.  
22 City & State  
23 Zip Country  
24

2a. Mailing Address  
26 13420 SOUTH SHORE  
27 Suite Apt. #, etc.  
28 WELLINGTON FL  
29 33414 30 PALM BEACH

4. FEI Number 59-2691892  
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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

TEPPS, JEROME L.  
3411 POWERLINE ROAD  
SUITE 701  
FT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature type and printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARIA, FRANK, JR.	1.2 NAME	
STREET ADDRESS	353 WEST 47 STREET APT 6E	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	
TITLE	DC <input type="checkbox"/> DELETE	2.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANIERI, DENNIS, J	2.2 NAME	MANIERI, DENNIS J.
STREET ADDRESS	2213 N.E. 16 CT.	2.3 STREET ADDRESS	2213 N.E. 16 CT
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	FT LAUD, FL 33305
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECK, BRUCE E.	3.2 NAME	BECK, BRUCE, E
STREET ADDRESS	1407 OLD CYPRESS TRAIL	3.3 STREET ADDRESS	1407 OLD CYPRESS TRAIL
CITY-ST-ZIP	WELLINGTON FL	3.4 CITY-ST-ZIP	WELLINGTON FL 33414
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 contained 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.

SIGNATURE:

*Bruce Beck* BRUCE BECK  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-97 (561) 793 1971  
Date Daytime Phone #

CR2E034 (9/96)