

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

FILED

Feb 11 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 # J12406

(1)

1. Corporation Name

FLORIDA INTERNATIONAL RESTAURANT & HOTEL EXPOSIT
ION, INC.



Principal Place of Business

Mailing Address

501 NORTH BENEVA ROAD
616
SARASOTA FL 34232
US

501 NORHT BENEVE ROAD
616
SARASOTA FL 34232
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
05/01/1986

3a. Date of Last Report
04/29/1996

4. FEI Number
59-2746630

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

10. Name and Address of New Registered Agent

MANDELL, BRAD S
501 NORTH BENEVA ROAD
UNIT #616
SARASOTA FL 34232

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD ☐ DELETE

NAME MANDELL, SAUL
STREET ADDRESS 501 NORTH BENEVA ROAD, #616
CITY-ST-ZIP SARASOTA FL

TITLE VD ☐ DELETE

NAME MANDELL, BRAD
STREET ADDRESS 501 NORTH BENEVA ROAD, #616
CITY-ST-ZIP SARASOTA FL

TITLE TDS ☐ DELETE

NAME MANDELL, EVELYN
STREET ADDRESS 501 NORTH BENEVA ROAD, #616
CITY-ST-ZIP SARASOTA FL

TITLE PSD ☐ DELETE

NAME HOWARD, WENDY
STREET ADDRESS 501 NORTH BENEVA ROAD, #616
CITY-ST-ZIP SARASOTA FL

TITLE VD ☐ DELETE

NAME MANDELL, TODD
STREET ADDRESS 501 NORTH BENEVA ROAD, #616
CITY-ST-ZIP SARASOTA FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

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)(c), 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.

SIGNATURE:

SARASOTA FL
TODD MANDELL

1/31/97

(941) 261-2554

CR2E034 (9/96)