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May 14 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 # K19583(9)

1. Corporation Name

RICKEY'S COMMISSARY, INC.

Principal Place of Business	Mailing Address
5637 Funston St. Hollywood, FL 33023	4799 Hollywood Blvd. Hollywood, FL 33021

3. Date Incorporated or Qualified: 03/25/88
3a. Date of Last Report: 04/29/96

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 65-0039238 ☐ 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

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

9. Name and Address of Current Registered Agent

Michael P. Striar, Esquire
4601 Sheridan Street
Suite 500
Hollywood, FL 33021

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City FL 95 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when amending)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD ☐ DELETE	7.1 TITLE	☐ Change ☐ Addition
NAME	Mitchell, William J.	7.2 NAME	
STREET ADDRESS	4799 Hollywood Blvd.	7.3 STREET ADDRESS	
CITY-ST-ZIP	Hollywood, FL 33021	7.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	8.1 TITLE	☐ Change ☐ Addition
NAME	Mitchell, Barbara	8.2 NAME	
STREET ADDRESS	4799 Hollywood Blvd.	8.3 STREET ADDRESS	
CITY-ST-ZIP	Hollywood, FL 33021	8.4 CITY-ST-ZIP	
TITLE	☐ DELETE	9.1 TITLE	☐ Change ☐ Addition
NAME		9.2 NAME	
STREET ADDRESS		9.3 STREET ADDRESS	
CITY-ST-ZIP		9.4 CITY-ST-ZIP	
TITLE	☐ DELETE	10.1 TITLE	☐ Change ☐ Addition
NAME		10.2 NAME	
STREET ADDRESS		10.3 STREET ADDRESS	
CITY-ST-ZIP		10.4 CITY-ST-ZIP	
TITLE	☐ DELETE	11.1 TITLE	☐ Change ☐ Addition
NAME		11.2 NAME	
STREET ADDRESS		11.3 STREET ADDRESS	
CITY-ST-ZIP		11.4 CITY-ST-ZIP	
TITLE	☐ DELETE	12.1 TITLE	☐ Change ☐ Addition
NAME		12.2 NAME	
STREET ADDRESS		12.3 STREET ADDRESS	
CITY-ST-ZIP		12.4 CITY-ST-ZIP	

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***165.00
5/14/97

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.

SIGNATURE: Barbara A. Mitchell 05/01/97 954-966-1424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

BARBARA A. MITCHELL