


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

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Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90013 044 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K25604					
1. Corporation Name CONCESSION MANAGEMENT CORP.					
Principal Place of Business 3350 NW 22ND TERRACE SUITE 500-B POMPANO BEACH FL 33069 US			Mailing Address POST OFFICE BOX 8377 CORAL SPRINGS FL 33075 US		
2. Principal Place of Business 21 1128 S. POWERLINE RD. Suite, Apt. #, etc. 22 City & State 23 DEERFIELD BEACH, FL Zip 24 33442 25 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		30	
9. Name and Address of Current Registered Agent BAKERS ROBERT A. 3350 NW 22ND TERRACE SUITE 500B POMPANO BEACH FL 33068			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE D <input type="checkbox"/> DELETE NAME BAKER, ROBERT A. STREET ADDRESS 3535 NW 22ND TERRACE., SUITE 500B CITY-ST-ZIP POMPANO BCH., FL 33069			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/27/1988

4. FEI Number

65-0058335

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

SIGNATURE: _____

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/99

Date

954-725-7551

Daytime Phone #

CR2E034 (11/98)