

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M77691** (7)

1. Corporation Name  
**S & Z CONCESSIONS, INC.**



Principal Place of Business: **% LESLIE ZACCHINI 1208 N. ORANGE AVE. SARASOTA FL 34236**  
Mailing Address: **% LESLIE ZACCHINI 1208 N. ORANGE AVE. SARASOTA FL 34236**

3. Date Incorporated or Qualified: **04/25/1988**  
3a. Date of Last Report: **03/09/1995**  
4. FEI Number: **65-0044218**  
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

2. Principal Place of Business (21-24)  
2a. Mailing Address (26-30)  
21. Subst. Apt. #, etc.  
22. City & State  
23. Zip Country  
24. Zip Country

9. Name and Address of Current Registered Agent  
**ZACCHINI, LESLIE  
1208 N. ORANGE AVE.  
SARASOTA FL 34236**

10. Name and Address of New Registered Agent (81-85)  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and date of appointment. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS  
D  DELETE  
NAME: **ZACCHINI, LESLIE**  
STREET ADDRESS: **8204 LONGBAY BLVD.**  
CITY-ST-ZIP: **SARASOTA FL**  
D  DELETE  
NAME: **ZACCHINI, TEO L.**  
STREET ADDRESS: **8204 LONGBAY BLVD.**  
CITY-ST-ZIP: **SARASOTA FL**  
 DELETE  
 DELETE  
 DELETE

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Leslie M Zacchini* **Leslie M Zacchini** 2-1-96 (941)955-6125  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)