PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90010 041 ***150.00

DOCUMENT	#	M81	510
1. Corporation Name		IVIC	J . C

RESTAURANT SUPPORT SERVICES, INC.

Principal Place of Business 1111 LINCOLN RD., 4TH FLOOR MIAMI BEACH FL 33139

Mailing Address

1111 LINCOLN RD., 4TH FLOOR MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

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21 600 NE 36th Street 28 600 NE 36th Street 5. Certifc te of Status Desired 5. Suite, Apt. #, etc. 22 Miam FL 27 Miam FL 27 Miam FL 28 33 13 7 United States 28 33 13 7 United States 28 33 13 7 United States 29 30 Personal Property Tax. 23 33 13 7 United States 29 30 Personal Property Tax. Yes 39. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statu'es, the above-named corporation submits this statement for the purpose of change office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of cirectors. I hereby accept the appointment agent. am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed may be of registered dagent into title if applicable (NOTI): Registered Agent signature req. red when reinstating) **Street Acdress (P.O. Box Number is Not Acceptable) Chief.** **Signature, typed or printed may be of registered Agent into title if applicable (NOTI): Registered Agent signature req. red when reinstating) **Country** **Signature, typed or printed may be of registered Agent into title if applicable (NOTI): Registered Agent signature req. red when reinstating)	Not Appi 3.75 A Iditio Fee Rer uired 5.00 May E dded to Feet e es \$\$\left(\) No t	licable pnal d Be es
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25 29 30 Personal Property Tax. Yes 9. Name and Address of Current Registered Agent MECHANIC, ROY 1111 LINCOLN RD., 4TH FLOOR MIAMI BEACH FL 33139 81 Name / Nonard 82 Street Acdress (P.O. Box Number is Not Acceptable) 600 NE 36 Street 83 Name / Street 84 City FL 85 11. Pursuant to the provisions of Sections 607,0502 and 607,1508. Florida Statures, the above-named corporation submits this statement for the purpose of changing office or registered agent, or both, in the State of Florida. Such change was nuthorized by the corporation's board of cirectors. I hereby accept the appointment agent, am familiar with, and accept the obligations of, Section 607,0505. Florida Statutes. SIGNATURE Signature, typed or printed naise of registered agent and title if applicable (NOT). Registered Agent signature required when reinstating)	Zip Code	tered
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12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	RECTOF:S IN	V 12
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14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, i further cartify 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, with all other like empowered.

PRINTED NAME OF SIGNING OFFICEF OR DIRECTOR