FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000003755

1. Corporation Name

BROWARD COUNTY RESTAURANT SPECIALTY EVENTS, INC

Principal Place of Business	Mailing Address
	1225 SE 2ND AVE FT. LAUDERDALE, FL 33316

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 8/19/93	3a. Date of Last Report: 5/1/94
4. FEI Number: 65-0572230	☐ 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 § 199.032 Florida Statutes ☐ Yes ☐ No	

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JAMES E. BROWN JR 1225 SE 2ND AVE FT. LAUDERDALE, FL 33316	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: James E Brown Jr President — DATE: 5/1/95
(Signature, typed or printed name of registered agent, and title if applicable. NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT D	11 TITLE	☐ Change ☐ Addition
NAME	JAMES E BROWN, JR.	12 NAME	900001519019
STREET ADDRESS	1225 SE 2ND AVE	13 STREET ADDRESS	-06/21/95--01036--001
CITY ST ZIP	FT. LAUDERDALE FL 33316	14 CITY ST ZIP	****130.00 ****130.00
TITLE	~~JACK STUDIALE~~ VICE P., TREAS., D	21 TITLE	☐ Change ☐ Addition
NAME	JACK STUDIALE	22 NAME	
STREET ADDRESS	2500 GRIFFIN RD	23 STREET ADDRESS	
CITY ST ZIP	FT. LAUDERDALE FL 33312	24 CITY ST ZIP	
TITLE	VICE PRESIDENT, D	31 TITLE	☐ Change ☐ Addition
NAME	DAN EBEA	32 NAME	
STREET ADDRESS	2665 NE 185TH ST	33 STREET ADDRESS	
CITY ST ZIP	N. MIAMI BEACH, FL 33160	34 CITY ST ZIP	
TITLE	DEBBIE WILLIS SECRETARY, D	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS	2600 N. ANDREWS AVE EXT	43 STREET ADDRESS	
CITY ST ZIP	POMPANO BEACH, FL 33064	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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: James E Brown Jr President — 5/1/95 — 305-525-0516
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)