

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED
95 JUN 12 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P37162 (5)

1. Corporation Name

SERVICE AMERICA SPORTS CATERING, INC.

Principal Place of Business

100 1ST STAMFORD PL
STAMFORD CT 06902
US

Mailing Address

100 1ST STAMFORD PL
P.O. BOX 10203
STAMFORD CT 06902
US

800001513968

-06/15/95--01056--025

****225.00 ****225.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/21/1992	3a. Date of Last Report 07/08/1994
4. FEI Number 52-1002954	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 S. 199.032, Florida Statutes ☒ Yes ☐ No	

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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	DEE, JOHN T	1.2 NAME	
STREET ADDRESS	181 TURN OF RIVER RD., UNIT 12E	1.3 STREET ADDRESS	
CITY, ST, ZIP	STAMFORD CT	1.4 CITY, ST, ZIP	
TITLE	VST	2.1 TITLE	☐ Change ☐ Addition
NAME	SARTORI, DOMINIC J.	2.2 NAME	SARTORI
STREET ADDRESS	161 OLDS KINGS HWY. S.	2.3 STREET ADDRESS	
CITY, ST, ZIP	DARIEN CT	2.4 CITY, ST, ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	FLYNN, JEFFREY R	3.2 NAME	
STREET ADDRESS	73 FAR VIEW FARM RD	3.3 STREET ADDRESS	
CITY, ST, ZIP	W. REDDING CT	3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		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 110.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOMINIC J. SARTORI

5/

95

203-964-5000