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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000057701 (3)

1. Corporation Name

FAITHCO CONCESSIONAIRES, INC.

Principal Place of Business

642 N. UNIVERSITY DRIVE
PLANTATION FL 33324

Mailing Address

642 N. UNIVERSITY DRIVE
PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/13/1993

3a. Date of Last Report

05/10/1994

4. FEI Number

65-0430410

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

21 3201 W. Sunrise Blvd
Suite, Apt. #, etc.

2a. Mailing Address

26 642 N. University Dr
Suite, Apt. #, etc.

City & State

23 Ft. Lauderdale, FL

City & State

28 Plantation, FL

Zip

24 33301

Country

25 US

Zip

29 33324

Country

30 US

9. Name and Address of Current Registered Agent

ANDERSON, JANINE
2351 NW 33RD STREET #502
FT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name

Janine Anderson

82 Street Address (P.O. Box Number is Not Acceptable)

642 N. University Dr.

83

84 City

Plantation

FL

85 Zip Code

33324

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

Janine Anderson

(NOTE: Registered Agent signature required when reinstating)

1/13/95

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME ANDERSON, JANINE
STREET ADDRESS 2351 NW 33RD STREET #502
CITY-ST-ZIP FT LAUDERDALE FL 33309

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Janine Anderson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/95

305-452-1137

(Anytime Faxed)