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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 3:29

DOCUMENT # **P94000048168 (6)**

1. Corporation Name
CONCORDE CUISINE CORPORATION

Principal Place of Business	Mailing Address
310 S.W. 62ND AVE. MARGATE FL 33068	310 S.W. 62ND AVE. MARGATE FL 33068

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/23/1994
3a. Date of Last Report: N/A

2. Principal Place of Business: 3943 DAVIE BLVD
21: CONCORDE CUISINE CORP.
22: Suite, Apt. #, etc.
23: City & State: FORT LAUDERDALE, FL
24: Zip: 33312
25: County: USA

2a. Mailing Address: 430 SE 11 ST
26: JAMES E. LANDRY
27: Suite, Apt. #, etc.: D-205
28: City & State: DEERFIELD BCH, FL
29: Zip: 33441
30: County: USA

4. FEI Number: 65-0503244 ☐ 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

9. Name and Address of Current Registered Agent

GOLDMAN, CHARLES J
601 S. FEDERAL HWY
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name: JAMES E. LANDRY
82 Street Address (P.O. Box Number is Not Acceptable): 430 SE 11 ST #D-205
83:
84 City: DEERFIELD BCH. FL 85 Zip Code: 33441

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 Landry PRESIDENT/CEO JAMES E. LANDRY 4-9-95
(signature, typed or printed name of registered agent and title if applicable) NOTE: Registered Agent signature required when mandatory (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	VP/TREASURER VT	☑ Change ☐ Addition
NAME	BLACK, PATRICIA M	12 NAME	PATRICIA M. BLACK	
STREET ADDRESS	310 S.W. 62ND AVE.	13 STREET ADDRESS	310 SW 62nd AVE.	
CITY ST ZIP	MARGATE FL 33068	14 CITY ST ZIP	MARGATE, FL 33068	
TITLE		21 TITLE	PRESIDENT/CEO PC	☐ Change ☑ Addition
NAME		22 NAME	JAMES E. LANDRY	
STREET ADDRESS		23 STREET ADDRESS	430 SE 11 ST #D-205	
CITY ST ZIP		24 CITY ST ZIP	DEERFIELD BCH., FL 33441	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		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 1. or Block 13. if changed, or on an attachment with an address.

SIGNATURE: James E Landry PRESIDENT/CEO JAMES E. LANDRY 4-9-95 305-481-9827
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0111712 CP