SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000048168 (6)**

1. Corporation Name

CONCORDE CUISINE CORPORATION

Principal Place of Business

3943 DAVIE BLVD
FT. LAUDERDAL FL 33312
US

Mailing Address

MARK DIPBOYE
~~JAMES E LANDRY~~ 6367 NW 20 St.
~~430 SE 11 STREET, D-205~~ Margate,
~~DEERFIELD BEACH FL 33441~~ FL 33065
~~US~~

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 MARK DIPBOYE
Suite, Apt. #, etc
27 6367 NW 20 ST
City & State
28 MARGATE FL
Zip 29 33065 Country 30 USA

3. Date Incorporated or Qualified: 06/23/1994
3a. Date of Last Report: 04/13/1995
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

LANDRY, JAMES E
430 SE 11 STREET, D-205
DEERFIELD BEACH FL 33441

10. Name and Address of New Registered Agent

81 Name: MARK DIPBOYE
82 Street Address (P.O. Box Number is Not Acceptable): 6367 NW 20 ST
83
84 City: MARGATE FL 85 Zip Code: 33065

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: Mark Dipboye 7/1/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) Date

12. OFFICERS AND DIRECTORS

TITLE	VT	☒ DELETE
NAME	BLACK, PATRICIA M	
STREET ADDRESS	310 S.W. 62ND AVE.	
CITY-ST-ZIP	MARGATE FL	
TITLE	PC	☒ DELETE
NAME	LANDRY, JAMES E	
STREET ADDRESS	430 SE 11 STREET, D-205	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	☐ Change ☑ Addition
1.2 NAME	MARK DIPBOYE	
1.3 STREET ADDRESS	6367 N.W. 20th ST.	
1.4 CITY-ST-ZIP	MARGATE, FL. 33063	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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

SIGNATURE: X James E Landry X Patricia M. Black 954/481-9827
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #