[redacted]

Amended APPROVED AND FILED

1996 OCT 25 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
[redacted]
DIVISION OF CORPORATIONS

DOCUMENT # P94000067090

1. Corporation Name
J.C.'S FOOD SERVICE MANAGEMENT & CONCESSIONS, INC.

7370 ASHLEY SHORES CIRCLE, LAKE WORTH FL
Principal Place of Business

Mailing Address
SAME AS ABOVE

3. Date Incorporated or Qualified: 9-13-94
3a. Date of Last Report:

2. Principal Place of Business
21 SAME AS ABOVE
Suite, Apt. #, etc.: 22 N.A.
City & State: 23 SAME AS
Zip: 24 33467 Country: 25 U.S.A.

2a. Mailing Address
26 7370 ASHLEY SHORE CIR
Suite, Apt. #, etc.: 27 N.A.
City & State: 28 SAME AS ABOVE
Zip: 29 33467 Country: 30 U.S.A.

4. FEI Number: 65-0546850 ☐ 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

KENNETH MINCEY
2101 CORPORATE BLVD
BOCA RATON FL 33496

10. Name and Address of New Registered Agent

81 Name: JAMES TOMASSO
82 Street Address (P.O. Box Number is Not Acceptable): 7370 ASHLEY SHORES CIR
83
84 City: LAKE WORTH FL 85 Zip Code: 33467

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] JAMES TOMASSO 8-22-96
Signature, type or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT KAREN M. TOMASSO 7370 ASHLEY SHORES CIR LAKE WORTH, FL 33467	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER SAME AS ABOVE	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition 000001988980---7 -10/29/96--01115--005 *****61.25 *****61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE-PRESIDENT JANDIANNE CHAMBERLIN 370 SE 2ND AVE #61 DEERFIELD BEACH FL 33441	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition SECRETARY JANDIANNE CHAMBERLIN 370 SE 2ND AVE #461 DEERFIELD BEACH FL 33441
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT CHARLES W. PERRY 964 MAJESTIC WAY BOYNTON BEACH, FL 33437	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR JAMES M TOMASSO 7370 ASHLEY SHORES CIRCLE LAKE WORTH, FL 33467	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] JAMES M. TOMASSO 8/22/96 (561) 547-3911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #