

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
May 11 1998 8:00am
Secretary of State

DOCUMENT # P94000067090 (8)

1. Corporation Name

J.C.'S FOOD SERVICE MANAGEMENT AND CONCESSIONS,
INC.



Principal Place of Business

Mailing Address

7370 ASHLEY SHORES CIRCLE
LAKE WORTH FL 33467

7370 ASHLEY SHORES CIRCLE
LAKE WORTH FL 33467

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/13/1994

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 6815 Alden Ridge Drive

Suite, Apt. #, etc.

22

City & State
Boynton Beach, FL

23

Zip Country

24

33437

25

Country

2a. Mailing Address

26 C/o Compukeeper Inc

Suite, Apt. #, etc.

27

1580 NW 2nd Ave. #1

City & State

28 Boca Raton, FL

29

Zip

30

33432

Country

9. Name and Address of Current Registered Agent

TOMASSO, JAMES
7370 ASHLEY SHORES CIRCLE
LAKE WORTH FL 33467

10. Name and Address of New Registered Agent

81 Name

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

6815 Alden Ridge Drive

83

84

City
Boynton Beach,

FL

85

Zip Code
33437

11. Pursuant to the provisions of Sections 607.0507 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 true if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D
TOMASSO, JAMES
STREET ADDRESS
7370 ASHLEY SHORES CIRCLE
CITY-ST-ZIP
LAKE WORTH FL 33467

TITLE ☐ DELETE

NAME
PT
TOMASSO, KAREN M
STREET ADDRESS
7370 ASHLEY SHORES CIRCLE
CITY-ST-ZIP
LAKE WORTH FL 33467

TITLE ☐ DELETE

NAME
VPS
CHAMBERLIN, JANDIANNE
STREET ADDRESS
970 S.E. 2ND AVE., #G-1
CITY-ST-ZIP
DEERFIELD BEACH FL 33441

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

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

6815 Alden Ridge Drive
Boynton Beach, FL

33437

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

6815 Alden Ridge Drive
Boynton Beach, FL

33437

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing 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 12 or Block 13 if changed, or on an attachment with an address.

X

James Tomasso, President

3/18/98 561-733-6029

CP2E034 (10/97)