

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

AMENDED PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # PA4000067090

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

Principal Place of Business 6815 Alden Ridge Dr. Boynton Beach, FL 33437	Mailing Address c/o Computer, Inc. 1580 N.W. 2nd Ave. Suite 1 Boca Raton, FL 33432
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2. Principal Place of Business 21 2201 N.W. 7th Avenue Suite, Apt. #, etc. 22 City & State 23 Ft. Lauderdale, FL Zip Country 24 33311 25 USA	2a. Mailing Address 26 7628 Trenton Drive Suite, Apt. #, etc. 27 City & State 28 Lake Worth, FL Zip Country 29 33467 30 USA
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified November, 1996	4. FEI Number 65-0546850	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contributed <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

JAMES TOMASSO
6815 Alden Ridge Drive
Boynton Beach, FL 33432

10. Name and Address of New Registered Agent

81 Name Kenneth L. Minerley, Esq.	85 Zip Code 33432
82 Street Address (P.O. Box Number is Not Acceptable) 980 N. Federal Highway, Suite 205	
83	
84 City Boca Raton	FL

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]
Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

10/15/98
DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director James Tomasso 6815 Alden Ridge Dr. Boynton Beach, FL 33437	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS Jandianne Chamberlin 370 S.E. 2nd Ave., #G-1 Deerfield Beach, FL 33441	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Director Karen Tomasso 7628 Trenton Drive Lake Worth, FL 33467	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	P, VP, SGT Karen Tomasso 7628 Trenton Drive Lake Worth, FL 33467	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

Karen Tomasso
Typed or printed name of signing officer or director

10/14/98 561.969.6945
Daytime Phone #

CR2E034 (5/98)