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 # P95000046815 (3)

1. Corporation Name

~~BOCA AIRCRAFT LEASING NUMBER 102, INC.~~

N/K/A HOSPITALITY CONTRACTING SERVICES, INC.

Principal Place of Business	Mailing Address
EXECUTIVE COURT 11. SUITE 232 2300 CORPORATE BLVD.. N.W. BOCA RATON FL 33431	EXECUTIVE COURT 11. SUITE 232 2300 CORPORATE BLVD.. N.W. BOCA RATON FL 33431

2. Principal Place of Business	2a. Mailing Address
21	26 8534 E. Kemper Rd.
Suite, Apt #, etc 22	Suite, Apt #, etc 27
City & State 23	City & State 28 Cincinnati, OH
Zip 24 / Country 25	Zip 29 45249 / Country 30 US

3. Date Incorporated or Qualified: 06/14/1995
3a. Date of Last Report:
4. FEI Number: 65-0681732 ☐ 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

BECK, LOUIS S
EXECUTIVE COURT 11, SUITE 232
2300 CORPORATE BLVD., N.W.
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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) DATE

12. OFFICERS AND DIRECTORS

TITLE	Louis S. Beck	☐ DELETE
NAME	President	
STREET ADDRESS	2300 Corporate Blvd. N.W. Suite 232	
CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE	Vice President	☐ DELETE
NAME	Steve Throne	
STREET ADDRESS	2300 Corporate Blvd. N.W., Suite 232	
CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE	Secretary	☐ DELETE
NAME	Harry Yeaggy	
STREET ADDRESS	8534 E.Kemper Rd.	
CITY-ST-ZIP	Cincinnati, OH 45249	
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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
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

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***225.00

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.

8/19/96 02

SIGNATURE: Louis S.Beck, 6-11-96 (513) 489-1955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #