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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000098476

1. Corporation Name

ELITE CONCESSIONS, INC.		٠				
Principal Place of Business	Mailing Address			1 :551:1601 (10 (5:18 91:11 0011: 92:11 0011:	B118 18184 18111 81611 11	
4310 SHERIDAN STREET #202 4310 SHERIDAN STREET #204 HOLLYWOOD FL 33021 HOLLYWOOD FL 33021		02		DO NOT WRITE IN T	HIS SDACE	
		•		3. Date incorporated or Qualifed	45	
				12/02/1996		
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	<u> </u>	lied For
21	26	<del></del>		65-0717283		Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A	
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 M Added to	
Zip Country 24 25	Zip	Country	,	This corporation owes the current yea     Personal Property Tax.	Intangible Yes	□No
9. Name and Address of Curre		<u>~</u>	· · ·	10. Name and Address of New Registe	ed Agent	
		81	Name		-	_
BURTON, ANDRE S 4310 SHERIDAN STREET #202		82	Street Add	dress (P.O. Box Number is Not Acceptable)	·	
HOLLYWOOD FL 33021		83				
-		84	City	<del></del>	85 Zip C	ode
			' '		<u>-L                                     </u>	
agent. I am familiar with, and accept the oblig	e of Florida. Such change was aut lations of, Section 607.0505, Florid	s, the above thorized by da Statutes	e-named cor the corporal	tion's board of directors, I hereby accept the a	ppointment as reg	registered istered
office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig SIGNATURE  Signature, typed or printed name of registered agents.	e of Florida. Such change was auf lations of, Section 607.0505, Florid ent and title if applicable. (NOTE: F	s, the above thorized by da Statutes	e-named cor the corporal	red when reinstating)	Spointment as reg	
office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig SIGNATURE  Signature, typed or printed name of registered agent.  OFFICERS A	e of Florida. Such change was aut lations of, Section 607.0505, Florid ent and title if applicable. (NOTE: F ND DIRECTORS	s, the above thorized by da Statutes Registered Agen	e-named cor the corporal	tion's board of directors, I hereby accept the a	AND DIRECTOR	RS IN 12
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office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig SIGNATURE  SIGNATURE  SIgnature, typed or printed name of registered agent. I TITLE  PSD  DORFMAN, NEAL  4210 CHEDIDAN STREET #201	e of Florida. Such change was autiliations of, Section 607.0505, Floridant and title if applicable. (NOTE: FND DIRECTORS	s, the above thorized by da Statutes  Registered Ager  13.  1.1 TITLE  1.2 NAME	e-named cor the corporal	red when reinstating)	AND DIRECTOR	RS IN 12
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office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig SIGNATURE  12. OFFICERS A  TITLE PSD  DORFMAN, NEAL  STREET ADDRESS 4310 SHERIDAN STREET #20	e of Florida. Such change was autiliations of, Section 607.0505, Floridant and title if applicable. (NOTE: FND DIRECTORS	s, the above thorized by da Statutes  Registered Agen  13.  1.1 TITLE  1.2 NAME  1.3 STREET	e-named cor the corporal	red when reinstating)	AND DIRECTOR	RS IN 12
office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig SIGNATURE  12. OFFICERS A TITLE PSD DORFMAN, NEAL 4310 SHERIDAN STREET #20 HOLLYWOOD FL 33021	e of Florida. Such change was autiliations of, Section 607.0505, Floridant and title if applicable. (NOTE: FND DIRECTORS  DELETE	s, the above thorized by da Statutes  13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S	e-named cor the corporal	red when reinstating)	AND DIRECTOR  Change	RS IN 12
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office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig SIGNATURE  12. OFFICERS A  TITLE PSD DORFMAN, NEAL  310 SHERIDAN STREET #20  HOLLYWOOD FL 33021  TITLE NAME  STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	en of Florida. Such change was autiliations of, Section 607.0505, Florid ent and title if applicable. (NOTE: F ND DIRECTORS  DELETE  DELETE  DELETE	s, the above thorized by da Statutes  Registered Agen  13.  1.1 TITLE  1.2 NAME  1.3 STREET  1.4 CITY-S  2.1 TITLE  2.2 NAME  3.3 STREET  3.4 CITY-S  4.1 TITLE  4.2 NAME  4.3 STREET  4.4 CITY-S  4.4 CITY-S  4.5 TREET  4.4 CITY-S	e-named correction corporates.  It signature requires req	red when reinstating)	AND DIRECTOF  Change  Change  Change	RS IN 12 Addition Addition
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CITY-ST-ZIP 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 trastee 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, with all other like empowered.

6.1 TITLE 6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

DELETE

624-6100100

☐ Addition

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90140 033 \*\*\*150.00