

**PROFIT  
CORPORATION  
ANNUAL REPORT**

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

FILED  
F. Jul 14 1998 8:00am  
Fi Secretary of State

**DOCUMENT # P97000012743**

1. Corporation Name

**Tomasso's Food Service & Concessions, Inc.**

Principal Place of Business

Mailing Address

*Amend*

3. Date Incorporated or Qualified **2/7/97** 3a. Date of Last Report

2. Principal Place of Business  
**21** 7370 Ashley Shores Circle

2a. Mailing Address  
**26** 7370 Ashley Shores Circle

4. FEI Number  
**65-0725378** Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

City & State  
**23** Lake Worth FL

City & State  
**28** Lake Worth FL

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

Zip  
**24** 33467 County  
**25** Palm Beach

Zip  
**29** 33467 County  
**30** Palm Beach

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**James Tomasso**  
6816 Alden Ridge Dr. Suite 205  
Boynton Beach, FL 33437

**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 607.1508, 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 of 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  
Director  
James Tomasso  
7370 Ashley Shores Circle  
Lake Worth, FL 33467 ☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
President  
Karen Tomasso  
7370 Ashley Shores Circle  
Lake Worth, FL 33467 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
Secretary  
Karen Tomasso  
7370 Ashley Shores Circle  
Lake Worth, FL 33467 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
Treasurer  
Karen Tomasso  
7370 Ashley Shores Circle  
Lake Worth, FL 33467 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
2000025890321  
-07/15/98--01002--001  
\*\*\*61.25 ☐ Change ☐ Addition

14. I do 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, or on attachment with an address.

**SIGNATURE**

Karen Tomasso, President by Greg K. Kuroda as attorney-in-fact

7/9/98

305-672-0686

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #