

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
George B. McKeithan  
Secretary of State  
CORPORATION REGISTRATION DIVISION

APPROVED  
AND  
FILED

95 MAY -1 AM 10:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **S27109** (5)

ABC CONCESSIONS, INC.

Principal Office: 1815 10TH AVENUE NORTH LAKE WORTH FL 33461  
 Mailed Address: 1815 10TH AVENUE NORTH LAKE WORTH FL 33461

21. Director's Office: 1815 10TH AVENUE NORTH LAKE WORTH FL 33461  
 22. State Office: 1815 10TH AVENUE NORTH LAKE WORTH FL 33461  
 23. County Office: LAKE WORTH, FL  
 24. Zip Code: 33466  
 25. City: LAKE WORTH  
 26. Mailed Address: P.O. Box 5779  
 27. State Office: LAKE WORTH, FL  
 28. County Office: PALM BEACH  
 29. Zip Code: 33466  
 30. City: PALM BEACH

3. Date Registered: 01/23/1991  
 3a. Report Due Date: 05/01/1994  
 4. FIC Number: 65-0315601  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing:  **\$5.00 May Be Added to Fees**  
 7. This corporation has a bank, but not a public bank:  Yes  No

9. Name and Address of Current Registered Agent  
 BIRKESTRAND, CHARLES  
 1815 10TH AVENUE NORTH  
 LAKE WORTH FL 33461

10. Name and Address of New Registered Agent  
 81. Name:  
 82. Street Address, P.O. Box Number or Post Office:  
 83. City:  
 84. State: **FL**  
 85. Zip Code:

11. I, the undersigned, being a duly qualified and authorized officer of the corporation named herein, do hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that the same is in accordance with the provisions of the laws of the State of Florida relating to the registration of corporations.

12. OFFICERS AND DIRECTORS

NAME	D BIRKESTRAND, CHARLES
ADDRESS	3000 N. OCEAN DR #14E RIVIERA BEACH FL
NAME	D CARY, CHRISTOPHER
ADDRESS	1745 U.S. HIGHWAY ONE JUNO BEACH FL
NAME	
ADDRESS	
NAME	
ADDRESS	
NAME	
ADDRESS	
NAME	
ADDRESS	
NAME	
ADDRESS	

13. ADDITIONAL CHANGES TO CURRENTLY APPLICABLE FORMS

NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Add
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NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Add

14. I, the undersigned, being a duly qualified and authorized officer of the corporation named herein, do hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that the same is in accordance with the provisions of the laws of the State of Florida relating to the registration of corporations.

SIGNATURE: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles Birkestrand 4/28/95