FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

95 MAY -1 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S89761 (8)

1. Current Name

DICOSIMO RESTAURANTS OF BREVARD COUNTY, FLORIDA, INC.

Principal Place of Business

2249 WEST NEW HAVEN AVENUE
MELBOURNE FL 32904

Mailing Address

2249 WEST NEW HAVEN AVENUE
MELBOURNE FL 32904

DO NOT WRITE IN THIS SPACE

3. Date Incorporated (or Qualified) 10/25/1991

3a. Date of Last Report 07/06/1994

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number 59-3092685 ☐ Applied For ☐ Not Applicable

Suite, Apt. # or etc.
22

Suite, Apt. # or etc.
27

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

City & State
23

City & State
28

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

ZIP
24

County
25

ZIP
29

County
30

8. Does corporation have liability for intangible tax under s. 199.032 Florida Statutes? ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

STELZER, EDWARD
2249 WEST NEW HAVEN AVENUE
MELBOURNE FL 32904

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 (Required if this is a change of registered agent. Typed or printed name of registered agent and new registered agent required.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	D	1 TITLE	☐ Change ☐ Addition
1 NAME	STELZER, EDWARD	1 NAME	
1 STREET ADDRESS	2249 WEST NEW HAVEN AVE.	1 STREET ADDRESS	
1 CITY ST ZIP	MELBOURNE FL	1 CITY ST ZIP	
2 TITLE	D	2 TITLE	☐ Change ☐ Addition
2 NAME	DICOSIMO, TRACY	2 NAME	
2 STREET ADDRESS	2249 WEST NEW HAVEN AVE.	2 STREET ADDRESS	
2 CITY ST ZIP	MELBOURNE FL	2 CITY ST ZIP	
3 TITLE		3 TITLE	☐ Change ☐ Addition
3 NAME		3 NAME	
3 STREET ADDRESS		3 STREET ADDRESS	
3 CITY ST ZIP		3 CITY ST ZIP	
4 TITLE		4 TITLE	☐ Change ☐ Addition
4 NAME		4 NAME	
4 STREET ADDRESS		4 STREET ADDRESS	
4 CITY ST ZIP		4 CITY ST ZIP	
5 TITLE		5 TITLE	☐ Change ☐ Addition
5 NAME		5 NAME	
5 STREET ADDRESS		5 STREET ADDRESS	
5 CITY ST ZIP		5 CITY ST ZIP	
6 TITLE		6 TITLE	☐ Change ☐ Addition
6 NAME		6 NAME	
6 STREET ADDRESS		6 STREET ADDRESS	
6 CITY ST ZIP		6 CITY ST ZIP	

14. I/We hereby certify that the information supplied with this filing is complete, accurate and true, and I/we am/are qualified for the exemption stated in Section 119.07(3)(i), Florida Statutes. I/We further certify that the mailing address listed for the general regular or supplemental annual report is the mailing address of the principal place of business as listed above or the principal office address of the corporation, and that the corporation has complied with the law regarding the use of fictitious names. I/We understand that the election campaign financing trust fund contribution, if made, will be collected with, and in addition to, the fees listed above. I/We am/are 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 above, or on an attachment with an address.

SIGNATURE: Edward M. Stelzer Edward M. STELZER 5-1-95 407-768-8636

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0087348 CP

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CORPORATION ANNUAL REPORT **1995**

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

APPROVED
FILED

DOCUMENT # **S90004** (0)

1. Corporation Name
GENERAL OFFICE CONSIGNMENT, INC.

Principal Place of Business
44 S.E. 2ND AVENUE
DELRAY BEACH FL 33444-3616

Mailing Address
44 S.E. 2ND AVENUE
DELRAY BEACH FL 33444-3616

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/25/1991
3a. Date of Last Report: 08/17/1994
4. FEI Number: 65-0286923 — ☐ 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

2. Principal Place of Business: 21 / Suite, Apt. # etc. 22 / City & State 23 / Zip 24 / County 25
2a. Mailing Address: 26 / Suite, Apt. # etc. 27 / City & State 28 / Zip 29 / County 30

9. Name and Address of Current Registered Agent

CARMAN, DEBORAH A.
165 EAST PALMETTO PARK ROAD
BOCA RATON FL 33432

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PST
NAME	SIGL, CATHERINE
STREET ADDRESS	44 S.E. 2ND AVE #1
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	VD
NAME	SIGL, CATHERINE
STREET ADDRESS	44 S.E. 2ND AVE #1
CITY-ST-ZIP	DELRAY BEACH FL
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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		☐ Change ☐ Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		☐ Change ☐ Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		☐ Change ☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		☐ Change ☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Catherine Sigl — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.15.95 — Date
(407) 274-0010 — Daytime Phone #

0283218 CP