

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

**FILED**  
**May 01 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # P96000066427 (1)**  
 1. Corporation Name  
**CATERED EVENTS, INC.**



Principal Place of Business <b>1410 INDIAN TRACE FT. LAUDERDALE FL 33326</b>	Mailing Address <b>1410 INDIAN TRACE FT. LAUDERDALE FL 33326</b>
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 20400 N.E. 30th Avenue</b>		2a. Mailing Address <b>26 P.O. Box #481</b>		3. Date Incorporated or Qualified <b>08/09/1996</b>	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number <b>65-0689712</b>	
23 City & State <b>Aventura, FLORIDA</b>		28 City & State <b>HALLANDALE, FLORIDA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 Zip <b>33180</b>		29 Zip <b>33008</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25 Country		30 Country <b>USA</b>		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>POLLAK, MICHAEL 1410 INDIAN TRACE FT. LAUDERDALE FL 33326</b>				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				85 Zip Code <b>FL</b>	

11. Pursuant to the provisions of Sections 607.1502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent of public 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]* **Michael Pollak** DATE **2-12-98**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>POLLAK, MICHAEL</b>		1.2 NAME <b>Jeanne Pollak</b>	
STREET ADDRESS <b>1410 INDIAN TRACE</b>		1.3 STREET ADDRESS <b>3530 Mystic Pt. Drive #905</b>	
CITY-ST-ZIP <b>FT. LAUDERDALE FL 33326</b>		1.4 CITY-ST-ZIP <b>Aventura, FL 33180</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>POLLAK, STEVEN</b>		2.2 NAME	
STREET ADDRESS <b>1410 INDIAN TRACE</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>FT. LAUDERDALE FL 33326</b>		2.4 CITY-ST-ZIP	
TITLE <b><del>Director</del></b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information submitted in 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 of public information 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, officer 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 of this report with an address.

SIGNATURE: *[Signature]* **Jeanne Pollak, President** DATE **2-12-98** DAYTIME PHONE # **305-931-4118**  
(NOTE: Registered Agent signature required when reinstating)

CF2E034 (10/97)