

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

FILED
Aug 10, 1999 8:00 am
Secretary of State

08-10-1999 90024 003 ***158.75

PROFIT CORPORATION
ANNUAL REPORT
1999

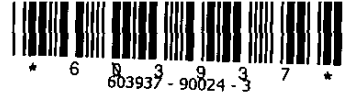


FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96 000066427

1. Corporation Name

CATERED EVENTS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

~~20400 N.E. 30th Avenue~~
20400 N.E. 30th Avenue
Aventura, FL 33180

20400 N.E. 30th Ave.
Aventura, FL 33180

3. Date Incorporated or Qualified

Aug. 9 '96

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21

26

65-0689712

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22

27

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23

28

24

29

30

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~Steven Pollak~~

81 Name Steven Pollak

82 Street Address (P.O. Box Number is Not Acceptable)
1122 Hidden Valley Way

83

84 City Weston FL 85 Zip Code 33327

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 Steven Pollak
Signature, typed or printed name of registered agent and title if applicable.

Steven Pollak
(NOTE: Registered Agent signature required when reinstating)

8-2-99
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEANNE POLLAK	1.2 NAME	CAROL KOWARSKY
STREET ADDRESS	3530 Mystic Pl. Drive	1.3 STREET ADDRESS	10960 N.W. 18th Ct.
CITY-ST-ZIP	Aventura, FL 33180	1.4 CITY-ST-ZIP	Plantation, FL 33322
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Pollak	2.2 NAME	
STREET ADDRESS	10108 N.W. 3rd Ct.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Plantation, FL 33324	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steven Pollak	3.2 NAME	
STREET ADDRESS	1122 Hidden Valley Way	3.3 STREET ADDRESS	
CITY-ST-ZIP	Weston, FL 33327	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Susan Pollak	4.2 NAME	
STREET ADDRESS	1122 Hidden Valley Way	4.3 STREET ADDRESS	
CITY-ST-ZIP	Weston, FL 33327	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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Susan Pollak SUSAN POLLAK

8-2-99

305.931.4118

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)