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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000041054

1. Corporation Name AKA CATERING, INC.

Principal Place	of	Business
211 CAROLINE	ST	#K-7

May 01, 1999 8:00 am Secretary of State

05-01-1999 90098 012 ***150.00



Mailing Address 211 CAROLINE ST #K-7 CAPE CANAVERAL FL 32920 CAPE CANAVERAL FL 32920 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/05/1997 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 59-3445189 \$8.75 Additional 5. Certificate of Status Desired П Fee Required 27 bourne \$5.00 May Be City & State 6. Election Campaign Financing П Added to Fees Trust Fund Contribution 28 Zip Country 8. This corporation owes the current year Intangible **⊠**No Personal Property Tax. 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name YANTSIOS, JOHN Address (P.O. Box Number is Not Acceptable) 82 211 CAROLINE ST #K-7 ANDDIDEC CAPE CANAVERAL FL 32920 83 84 bovene 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 family a with, and accept the abligations of Section 207.0505, Florida Statutes. agent. I am fam SIGNATURE (NOTE: Registered Agent signature required w t and title if apolice ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CERS AND DIRECTORS 13. 12. □ DELETE 1.1 TITLE TITLE YANTSIOS, JOHN 1.2 NAME NAME 1.3 STREET ADDRESS 211 CAROLINE ST #K-7 STREET ADDRESS CAPE CANAVERAL FL 32920 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition □ DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE 5.1 TITLE TILE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE 61 TITLE Change TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 a statute of the corporation 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 an address of the corporation of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607.

6.4 CITY-ST-ZIP

SIGNATURE:

OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (11/98)