

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

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham,</b> Secretary of State DIVISION OF CORPORATIONS
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**FILED**  
 98 JUN -5 PM 3:51  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # P97000073081 (6)**  
 1. Corporation Name  
**MUNCHKIN CATERERS, INC.**



Principal Place of Business 2775 EAST OAKLAND PARK BLVD SUITE 10 FORT LAUDERDALE FL 33308	Mailing Address 2775 EAST OAKLAND PARK BLVD SUITE 10 FORT LAUDERDALE FL 33308
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	4750 OAKES RD.	08/22/1997	
22	City & State	27	Suitem	4. FEI Number	
23	Zip	28	DAVIE FL	65-0781675	
24	Country	29	33314	Applied For	
		30	Broward.	Not Applicable	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
HENDERSTEIN, HARVEY 16941 SW 4TH COURT FORT LAUDERDALE FL 33326			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			100002553951--0		
			83		
			-06/10/98--01005--005		
			84 City		
			****158.00 ****150.00		
			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 \_\_\_\_\_

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD HAMLIN, FRAN	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7419 FAIRFAX DRIVE	1.2 NAME	
STREET ADDRESS	TAMARAC FL 33321	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	PSTD HENDERSTEIN, HARVEY	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	16941 SW 4TH COURT	2.2 NAME	
STREET ADDRESS	FORT LAUDERDALE FL 33326	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		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		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		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		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.

SIGNATURE: \_\_\_\_\_ DATE: 4-8-98

CR2E034 (10/97)