

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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90166 009 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000073081

1. Corporation Name
MUNCHKIN CATERERS, INC.



Principal Place of Business 2775 EAST OAKLAND PARK BLVD SUITE 10 FORT LAUDERDALE FL 33308	Mailing Address 4750 OAKES RD., STE M DAVIE FL 33314
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/22/1997

2. Principal Place of Business 21 11447 W Oakland PK	2a. Mailing Address 26 11447 W Oakland PK Blvd
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State Surprise Fla	28. City & State Surprise Fla
24. Zip 33323 25. Country BR	29. Zip 33323 30. Country BR

4. FEI Number **65-0781675** 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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

HENDERSTEIN, HARVEY
16941 SW 4TH COURT
FORT LAUDERDALE FL 33326

10. Name and Address of New Registered Agent

81 Name **Arnold Rosenthal**

82 Street Address (P.O. Box Number is Not Acceptable)
5558 Pines Circle

83 **Coral Springs 33067**

84 City **Coral Springs** 85 Zip Code **FL 33067**

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 **Frances Hamlin Pres** **FRAN HAMLIN** **4/30/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	VD	<input type="checkbox"/>
NAME	HAMLIN, FRAN	
STREET ADDRESS	7419 FAIRFAX DRIVE	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	PSTD	<input checked="" type="checkbox"/>
NAME	HENDERSTEIN, HARVEY	
STREET ADDRESS	16941 SW 4TH COURT	
CITY-ST-ZIP	FORT LAUDERDALE FL 33326	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE	FRANCES Hamlin Pres	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	7419 FAIRFAX DRIVE		
1.3 STREET ADDRESS	Tamarac Fla 33321		
1.4 CITY-ST-ZIP			
2.1 TITLE	Tres. Sec	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	ARNOLD Rosenthal		
2.3 STREET ADDRESS	5558 Pines Circle		
2.4 CITY-ST-ZIP	Coral Springs 33067		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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: **Frances Hamlin** **FRANCES HAMLIN** **4/30/99** **954 749-6964**

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

CR2E034 (11/98)