

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V30723** (3)

1. Corporation Name:
HHS CATERING, INC.



Principal Place of Business

9834 W. GLADES ROAD
BOCA RATON FL 33434

Mailing Address

9834 W. GLADES ROAD
BOCA RATON FL 33434

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified
04/23/1992

3a. Date of Last Report
01/18/1995

4. FEI Number
59-3146834

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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**BELLITI, DOMENICO
9834 W. GLADES ROAD
BOCA RATON FL 33434**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.01007 and 607.01008, 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 607.01009, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

DATE

| | |
|---|---------------------------------|
| 12.1 NAME DPS BELLITI, DOMINIC 10366 BUENA VENTURA DR. BOCA RATON FL | <input type="checkbox"/> DELETE |
| 12.2 NAME T BELLITI, DOMINIC 10366 BUENA VENTURA DR. BOCA RATON FL | <input type="checkbox"/> DELETE |
| 12.3 NAME <input type="checkbox"/> DELETE | <input type="checkbox"/> DELETE |
| 12.4 NAME <input type="checkbox"/> DELETE | <input type="checkbox"/> DELETE |
| 12.5 NAME <input type="checkbox"/> DELETE | <input type="checkbox"/> DELETE |
| 12.6 NAME <input type="checkbox"/> DELETE | <input type="checkbox"/> DELETE |
| 12.7 NAME <input type="checkbox"/> DELETE | <input type="checkbox"/> DELETE |

| | |
|--|---|
| 13.1 1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.2 1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.3 1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.4 1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.5 1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.6 1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 of this report with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-96

CRE034 (12/95)