

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAR -7 AM 11:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **J69006** (1)  
1. Corporation Name  
**PALM CATERERS OF HOLLYWOOD, INC.**

|  |  |
|--|--|
| Principal Place of Business                                | Mailing Address  |
| % JANET FRIEDMAN<br>5100 SHERIDAN ST<br>HOLLYWOOD FL 33021 | % JANET FRIEDMAN<br>5100 SHERIDAN ST<br>HOLLYWOOD FL 33021 |

DO NOT WRITE IN THIS SPACE.

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>04/21/1987</b>  | 3a. Date of Last Report<br><b>02/14/1994</b> |
| 4. FEI Number<br><b>65-0029430</b>  | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required        |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees           |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

|                                |                           |
|--------------------------------|---------------------------|
| 2. Principal Place of Business | 2a. Mailing Address       |
| 21<br>Suite, Apt. #, etc.      | 26<br>Suite, Apt. #, etc. |
| 22<br>City & State             | 27<br>City & State        |
| 23<br>Zip Country              | 28<br>Zip Country         |
| 24<br>25                       | 29<br>30                  |

9. Name and Address of Current Registered Agent  
**HEIKEN, SCOTT**  
**5100 SHERIDAN ST**  
**HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent

|    |  |
|----|--|
| B1 | Name   |
| B2 | Street Address (P.O. Box Number is Not Acceptable) |
| B3 |  |
| B4 | City   |
| FL | B5 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 \_\_\_\_\_  
By (typed, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                 |                             |
|-----------------|-----------------------------|
| TITLE           | <b>P</b>                    |
| NAME            | <b>HEIKEN, SCOTT</b>        |
| STREET ADDRESS  | <b>2345 NE 199 ST</b>       |
| CITY - ST - ZIP | <b>N. MIAMI BCH. FL</b>     |
| TITLE           | <b>ST</b>                   |
| NAME            | <b>FRIEDMAN, STUART</b>     |
| STREET ADDRESS  | <b>10609 WHEELHOUSE CIR</b> |
| CITY - ST - ZIP | <b>BOCA RATON FL</b>        |
| TITLE           | <b>V</b>                    |
| NAME            | <b>KAUFMAN, ERIC</b>        |
| STREET ADDRESS  | <b>20634 NE 9TH CT</b>      |
| CITY - ST - ZIP | <b>N. MIAMI FL</b>          |
| TITLE           |                             |
| NAME            |                             |
| STREET ADDRESS  |                             |
| CITY - ST - ZIP |                             |
| TITLE           |                             |
| NAME            |                             |
| STREET ADDRESS  |                             |
| CITY - ST - ZIP |                             |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |   |
|---------------------|---|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |   |
| 1.3 STREET ADDRESS  |   |
| 1.4 CITY - ST - ZIP |   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |   |
| 2.3 STREET ADDRESS  |   |
| 2.4 CITY - ST - ZIP |   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |   |
| 3.3 STREET ADDRESS  |   |
| 3.4 CITY - ST - ZIP |   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |   |
| 4.3 STREET ADDRESS  |   |
| 4.4 CITY - ST - ZIP |   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |   |
| 5.3 STREET ADDRESS  |   |
| 5.4 CITY - ST - ZIP |   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME            |   |
| 6.3 STREET ADDRESS  |   |
| 6.4 CITY - ST - ZIP |   |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 checked or on an attachment with an asterisk.

SIGNATURE: Scott Heiken 2/1/95 9835338  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Typed Name #)