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

Mailing Address
7000 W. ATLANTIC AVE.

DELRAY BEACH FL 33446-1602

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jan 31 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400066921 (5)

A & L CATERING, INC.

Principal Place of Business

7000 W. ATLANTIC AVE.

DELRAY BEACH FL 33446

						3. Date Incorporated or Qualified 09/12/1994 3a. Date of Last Report 05/01/1996
2. Principal Pi	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For
21 26						65-0520127 Not Applicable
Suite, Apt :	#, etc.	Suite, Apt. #, etc.	├			Certificate of Status Desired Sa.75 Additional Fee Required
City & State		City & State	<u>⊢</u> ¬ ′			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Z(p	Country 25	Zip 29	30	untry	1	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
	9. Name and Address of Curre		[00]	1		10. Name and Address of New Registered Agent
HIRS	SCHHORN, LANCE			81	Name	
7000 W. ATLANTIC AVE. DELRAY BEACH FL 33446				82 Street Address (P.O. Box Number is Not Acceptable)		
				84	City	FL 85 Zip Code
office or re agent. Lar SIGNATURE	egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such change wa gations of, Section 607.0505.	s authoriz Florida St	ed by	/ the corp s.	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
	Signature, typed or printed name of registered a			ed Age	ent signature	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D LUDOOLUODAL LANCE	L.) DELETE		TITLE		E cualific
NAME	HIRSCHHORN, LANCE			NAME		
STREET ADDRESS	7000 W. ATLANTIC AVE.		1.3	STREET	ADDRESS	
CITY - ST - ZIP	DELRAY BEACH FL 33446			CITY-5	T-ZIP	The state of the s
TITLE	D	☐ DELETE	2.1	TITLE		☐ Change ☐ Addition
NAME	HIRSCHHORN, ARLENE		2.2	MAME		
STREET ADDRESS	7000 W. ATLANTIC AVE.		2.3	STREET	ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33446		2. 4	2. 4 CITY - ST - ZIP		
TITLE	DELETE		3.1	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2	NAME		
STREET ADDRESS			3.3	STAEET	ADDRESS	
CITY - S1 - ZIP			3.4.	CITY-	ST- <i>1</i> 1P	
TITLE		DELETE	4.1	TITLE		Change Addition
NAME			4. 2	NAME		
STREET ADDRESS			4.3	STREET	ADDRESS	
CITY-ST-7IP			4.4	CITY-S	ST-ZIP	
TIFLE		☐ DELETE	5.1	TITLE		Change Addition
NAME			5.2	NAME		
STREET ADDRESS			53	STREFT	ADORESS	
C(TY-ST-ZIP					ST-ZIP	
TITLE		DELETE		TITLE	. <u>.</u>	☐ Change ☐ Addition
				NAME		
NAME					L A DODECC	•
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP	or positive that the information	ind with this files does not as	6.4	CITY-	ST-ZIP	totad in Section 119 07(3)(i) Florida Statutes I further certify that the
informatio	on indicated on this annual report of	r supplemental annual report i	is true and	acc	urate and	tated in Section 119.07(3)(i), Florida Statutes. I further certify that the that my signature shall have the same legal effect as if made under oath; that epops as induired by Chapter 607. Florida Statutes: and that my name