


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

**FILED**  
**Feb 03, 1999 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
----------------------------------------------------	-----------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------

02-03-1999 90012 011 \*\*\*\*150.00

**DOCUMENT # J69006**

1. Corporation Name  
**PALM CATERERS OF HOLLYWOOD, INC.**



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>04/21/1987</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>65-0029430</b>
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
23 Zip Country	28 Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
24	25	29
26	27	30
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

**9. Name and Address of Current Registered Agent**

**HEIKEN, SCOTT**  
**5100 SHERIDAN ST**  
**HOLLYWOOD FL 33021**

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HEIKEN, SCOTT</b>	1.2 NAME	
STREET ADDRESS	<b>2345 NE 199 ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N. MIAMI BCH. FL</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRIEDMAN, STUART</b>	2.2 NAME	
STREET ADDRESS	<b>10609 WHEELHOUSE CIR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KAUFMAN, ERIC</b>	3.2 NAME	
STREET ADDRESS	<b>20634 NE 9TH CT</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N. MIAMI FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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, with all other like empowered.

SIGNATURE: *Brad Friedman* **Brad Friedman** Manager 1/14/99 983-5338  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)