

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 # 318198 (9)

1. Corporation Name

CATERING BY DAVID LYNN INC



Principal Place of Business

816 N.W. 11TH STREET
MIAMI FL 33136-3198

Mailing Address

816 N.W. 11TH STREET
MIAMI FL 33136-3198

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24.

25.

29.

30.

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/27/1967

3a. Date of Last Report

03/17/1995

4. FEI Number

59-1167525

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

10. Name and Address of New Registered Agent

LYNN, RICHARD
816 NW 11TH ST
MIAMI FL 33136

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 607.0502 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

Signature of Registered Agent (if not a corporation, the name of the individual)

(NOTE: Registered Agent signature required when registering)

Date

12. OFFICERS AND DIRECTORS

1. Name
2. Title
3. Street Address
4. City - St - Zip
5. Title
6. Name
7. Street Address
8. City - St - Zip
9. Title
10. Name
11. Street Address
12. City - St - Zip
13. Title
14. Name
15. Street Address
16. City - St - Zip

TD
LYNN, ROSE
816 NW 11TH ST
MIAMI, FL 00000
PD
LYNN, RICHARD
816 NW 11TH ST
MIAMI, FL 00000
VDS
LYNN, KATHRYN
816 NW 11TH ST
MIAMI, FL 00000

☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE
2. 2. NAME
3. 3. STREET ADDRESS
4. 4. CITY - ST - ZIP
5. 5. TITLE
6. 6. NAME
7. 7. STREET ADDRESS
8. 8. CITY - ST - ZIP
9. 9. TITLE
10. 10. NAME
11. 11. STREET ADDRESS
12. 12. CITY - ST - ZIP
13. 13. TITLE
14. 14. NAME
15. 15. STREET ADDRESS
16. 16. CITY - ST - ZIP

☐ Change ☐ Addition

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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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/96

Date

306/324-1675

Daytime Phone #

CR2E034 (12/95)