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

**PROFIT** CORPORATION ANNUAL REPORT

1997

Principa! Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 318198

Mailing Address

CATERING BY DAVID LYNN INC

(9)

## **FILED** Jan 17 1997 8:00am Secretary of State

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B16 N.W. 11TH STREET MIAMM FL 33136-3198				816 N.W. 11TH STREET MIAMI FL 33136-3131								
									Date Incorporated or Qualifie	3a. Da 01/4	te of Last R 24/1996	Report
2. Principal P	lace of Busine	SS		2a. Mailing Address 26				<b>4.</b> F	El Number <b>59-1167525</b>		<del></del>	oplied For of Applicable
Suite, Apt	#, etc			Suite, Apt. #, etc.			5. (	Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State	0			City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zıp <b>24</b>	2:				30	Country  8. This corporation has liability for intangible tax under s. 199. Florida Statutes						. 199.032,
		nd Address of (	Current Rep	gistered Agent		1.	<del>a 5 </del>	10.	Name and Address of New	Fjegistered	Agent	
	IN, RICHARD	•				B1	Name					
	NW 11TH S' MI FL 33136	l				82	ļ	dress (P.	O. Box Number is Not Accep	otable)		
						83	1					
						84	City			FL	<b>85</b> Zip	Code
11. Pursuant	to the provision	ns of Sections 6	07.0502 and	1 607.1508, Florida	Statutes, the	abov		prporation	submits this statement for th	ne purpose of	changing i	ts registered
office or r	registered ager	nt, or both, in the	State of Fl	orida Such change of Section 607,05	was authori	zed b	y the corpora	ration's bo	pard of directors. I hereby ac	ccept the app	ointment as	registered
SIGNATURE	, , , , , , , , , , , , , , , , , , , ,		,g		,							
SIGNATURE.	Signature, typed or	printed name of regist	ered agent and	tee it applicable	(NOTE Regist	ered Aç	jent signature req			DATE		
12.	T TTY	OFFICE	RS AND DIF			3.	<u> </u>	A	DDITIONS/CHANGES TO OF	FFICERS AND		
TITLE	TD   Lynn, ros	e.		DELE		TITLE					Change	Addition
NAME	816 NW 11					NAME						
STREET ADDRESS	MIAMI, FL						T ADDRESS					
CITY-ST-ZIP TITLE	PD	0000		DELE		TATLE	ST-ZIP				Change	Addition
NAME	LYNN, RIC	HARD			1	NAME	1				L Onongo	
STREET ADDRESS	816 NW 11					1 ADDRESS						
CITY-ST-ZIP	MIAMI, FL 00000					2. 4 CITY - ST - ZIP						
TITLE	VDS			☐ DELE		TITLE			· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME	LYNN, KAT	HRYN			3.3	NAME	[					
STREET ADDRESS	816 NW 11				3.	3 STREE	T ADORESS					
CITY - ST - ZIP	MIAMI, FL	00000				CITY-	- ST- ZIP					
TITLE				DELF	TE 4.	TITLE					☐ Change	Addition
NAME					4.	2 NAM						
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CITY-ST-ZIP	ļ						ST-ZIP				T	1 1 1 1 1 1 1 1
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NAME						2 NAME						
STREET ADDRESS							T ADDRESS					
CITY - ST - ZIP TITLE			<del></del>	DELE		1 CITY - 1 TITLE	ST-ZIP				☐ Change	Addition
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STREET ADDRESS							T ADDRESS					
	ł						ST-ZIP					
CITY-ST-ZIP	L				b.	+ UII T -	31° ZIF					

14. I do 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 th an address

SIGNATURE: AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR RICHARD LYAN HAR 1/9/97

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