Applied For

Fee Required

\$5.00 May Be

Added to Fees

BE Zin Codo

□No

Yes

Not Applicable \$8.75 Additional

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 500289

1. Corporation Name

City & State

Zip

24

CARLTON CATERERS, INC.

Principal Place of Business	Mailing Address				
105 2ND AVE. S.W. RUSKIN FL 33570	105 2ND AVE. S.W. RUSKIN FL 33570				
Principal Place of Business 1	2a. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.				

City & State

25 29 9. Name and Address of Current Registered Agent

REISER, RONALD FREDERICK
105 2ND AVE. S.W.
RUSKIN FL 33570

Country

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90233 028 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

04/01/1976 4. FEI Number

59-1670755

5. Certifcate of Status Desired

Personal Property Tax.

Street Address (P.O. Box Number is Not Acceptable)

Election Campaign Financing Trust Fund Contribution

This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

			84 0	ыу		FL	83	Zip Co			
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, typed or printed name of registered agent and title if applic	(NOTE: Pa	raintared Ament eign	nature required when reinstating)		DATE					
	OFFICERS AND DIRECTOR		13.		NS/CHANGES TO OFF	ICERS AND	DIRE	CTOR	S IN 12		
TITLE	PT CITIER AND BIRESTON	DELETE	1.1 TITLE		1010111101011		☐ Cha		Addition		
NAME	REISER, RONALD FREDERICK		1.2 NAME								
1	105 2ND AVENUE S.W.		1.3 STREET ADD	2000							
STREET ADDRESS	RUSKIN FL								ļ		
C/TY-ST-ZIP	SD SD	□ DELETE	1.4 CITY-ST-ZIP				☐ Cha	nae	Addition		
TITLE		- DELEVE					_	•	_		
NAME .	REISER, HELEN SUE		2.2 NAME								
STREET ADDRESS	105 2ND AVENUE S.W.		2.3 STREET ADD								
CITY-ST-ZIP	RUSKIN FL	Part 11 11 11 11 11 11 11 11 11 11 11 11 11	2.4 CITY-ST-ZI	P			☐ Cha		Addition		
TITLE	D	DELETE	3.1 TILE		•		L.J Cria	nye	☐ Addition [
NAME	REISER, RONALD FREDERICK		3.2 NAME								
STREET ADDRESS	105 2ND AVENUE S.W.		3.3 STREET ADO	ORESS							
CITY-ST-ZIP	RUSKIN FL		3.4. CITY-ST-ZI	Р							
TITLE		☐ DELETE	4.1 TITLE				☐ Cha	nge	Addition		
NAME			4. 2 NAME								
STREET ADDRESS	•		4.3 STREET ADD	DRESS							
CITY-ST-ZIP			4.4 CITY-ST-ZIF	>							
TITLE	•	☐ DELETE	5.1 TITLE				Cha	nge	☐ Addition		
NAME			5.2 NAME								
STREET ADDRESS			5.3 STREET ADD	DRESS							
CITY-ST-ZIP			5.4 CITY-ST-ZIF	· _							
TITLE	·	☐ DELETE	6.1 TITLE				Cha	inge	☐ Addition		
NAME	•		6.2 NAME								
STREET ADDRESS			6.3 STREET ADD	DRESS							
CITY-ST-ZIP			6.4 CITY-ST-ZIF				6 L				

Country

81 Name

82 83

30

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 13 if changed, or on an attachment with an address, with all other like empowered.