Feb 17, 1999 8:00 am Secretary of State

02-17-1999 90052 030 \*\*\*150.00

## 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 #	525628
Cornoration Name	

<ol> <li>Corporation</li> </ol>						1			
CATERE	RS OF TAMPA, INC.								
						1 700101 01710 12001 01170 11110 11101 (DIF DIF	818H 818H 818H 8		
Principal Plac	e of Business	Mailing Address				- ( 19848) MISIN LINNE NISIN NISIN ISON (81) DIDII	Atāti ālāli atali a	1841 91911 1991	
8300 N. NEBRA		8300 N. NEBRASKA AVE.							
TAMPA FL 33604-3107 TAMPA FL 33604-3107					•				
						DO NOT WRITE IN THI	S SPACE		
						3. Date Incorporated or Qualifed		1	
Silveirel D	f D. Jana	a Mailler Address				02/10/1977 4. FEI Number	T And	aliad Ear	
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For S9-1721796 Not Applicable			
Suite Ant						\$8.75 Additional			
22	¬				5. Certificate of Status Desired Fee Requi				
City & Stat	e	City & State		6. Election Campaign Financing		\$5.00 May Be			
23		28				Trust Fund Contribution	Added to		
Zip	Country	Zip	Coun	try		8. This corporation owes the current year l			
24	25	29	30		·	Personal Property Tax.		□No	
	<ol><li>Name and Address of Current</li></ol>	nt Registered Agent				10. Name and Address of New Registered	i Agent	<u></u>	
HAT	ER, JOHN MICHAEL		1	81 Name					
1 7 1 1 1	NEBRASKA AVE		1	82 Street	Addre	ss (P.O. Box Number is Not Acceptable)			
	PA FL 33604		ļ.	83		The first of the control of the cont			
				63					
	•		[7	84 City		F	85 Zip C	ode	
		20 J 607 4509 Florido Statut	the ab	C'40 Damed	20000	ration submits this statement for the purpose of	of changing its	registered	
office or r	registered agent, or both, in the State	of Florida. Such change was at	uthorized I	by the corp	oration	's board of directors. I hereby accept the app	ointment as req	gistered	
agent. I a	im familiar with, and accept the obliga	itions of, Section 607.0505, Flor	rida Statut	tes.				and [8]	
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE:	Registered A	gent signature	required v	when reinstating) save are and are also G. C. DATE :	J	12 2 2 16 2 1 4 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
12.		ID DIRECTORS	13.		<u> </u>	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	
TITLE	VD	☐ DELETE	1.1 TITL	.E			☐ Change	Addition	
NAME	PITOCCHELLI ROBERT		1.2 NAW	<b>AE</b>			· .		
STREET ADDRESS	2827 FOREST MILL LANE		1.3 STR	REET ADDRESS		·	1	'	
CITY-ST-ZIP.	JACKSONVILLE FL		1.4 CIT	Y-ST-ZIP		<u> </u>	*'		
TITLE	TD	DELETE	2.1 TITL	Æ		•	☐ Change	Addition	
NAME	HATER, JAMES P		2.2 NAM	Æ					
STREET ADDRESS	CHARLEVOIX 400 MARTIN RD		2.3 STR	EET ADDRESS	'	•			
CITY-ST-ZIP	CHARLEVOIX MI			Y-ST-ZIP	<u> </u>				
TITLE	PD	☐ DELETE	3.1 TITL	.E	1		☐ Change	☐ Addition	
NAME	HATER, JOHN M.		3.2 NAM	Æ		•			
STREET ADDRESS	1508 S. TRASK ST.				1	· 位 (2) (2) (2) (2) (2) (2) (2) (2) (2) (2)	3		
CITY-ST-ZIP	TAMPA FL		3.3 STR	REET ADDRESS	1		2020 7 34 7 7 4 3		
TITLE			3.4. CIT	Y-ST-ZIP	<u> </u>	第一会社会の対象を持ち続き、 では、これに対象とは、「最大的な主義」 というないのである。		Addition	
NAME	SD	☐ DELETE	3.4. CIT 4.1 TITL	Y-ST-ZIP .E		中心人心。在19、1年代,1年代 19、19、19、19、19、19、19、19、19、19、19、19、19、1	☐ Change	2.6 Addition	
	BIDWILL, C.W. JR	☐ DELETE	3.4. CIT 4.1 TITL 4. 2 NA	Y-ST-ZIP .e Me		40.133.47、指抗抗抗 5.27等的特殊抵抗抗抗抗	Change €	25 Addition	
STREET ADDRESS	BIDWILL, C.W. JR 911 SUNSET ROAD	☐ DELETE	3.4. CIT 4.1 TITL 4.2 NAJ 4.3 STR	Y-ST-ZIP LE ME REET ADDRESS		45.15.2 元十二指抗抗病 5.5.5 7.7 5.65.3 66.3 66.3 66.3 66.3 66.3 66.3 66	Change €	Addition	
CITY-ST-ZIP	BIDWILL, C.W. JR 911 SUNSET ROAD WINNETKA IL		3.4. CIT 4.1 TITL 4.2 NAV 4.3 STR 4.4 CITY	Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP		स्तरीय मार्ग्या विशेषकी १९५६ १० सम्बद्धाः स्थापन	Change €	Addition	
CITY-ST-ZIP	BIDWILL, C.W. JR 911 SUNSET ROAD WINNETKA IL SD	DELETE	3.4. CIT 4.1 TITL 4.2 NAV 4.3 STR 4.4 CITS 5.1 TITL	Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE		And Same And Andread Control of the	☐ Change	Addition	
CITY-ST-ZIP TITLE NAME	BIDWILL, C.W. JR 911 SUNSET ROAD WINNETKA IL SD HEILE, JOHN D		3.4. CIT 4.1 TITL 4.2 NAV 4.3 STR 4.4 CITS 5.1 TITL 5.2 NAW	Y-ST-ZIP  E ME REET ADDRESS Y-ST-ZIP E		And Same And	☐ Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS	BIDWILL, C.W. JR 911 SUNSET ROAD WINNETKA IL SD HEILE, JOHN D 554 DAVENPORT AVE		3.4. CIT 4.1 TITL 4.2 NAV 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAW 5.3 STR	Y-ST-ZIP  E ME REET ADDRESS Y-ST-ZIP E ME REET ADDRESS		中心の 東京 (日本) (日本) (日本) (日本) (日本) (日本) (日本) (日本)	☐ Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	BIDWILL, C.W. JR 911 SUNSET ROAD WINNETKA IL SD HEILE, JOHN D 554 DAVENPORT AVE CINCINNATI OH	. □ DELETE	3.4. CIT 4.1 TITL 4.2 NAV 4.3 STR 4.4 CIT 5.1 TITL 5.2 NAW 5.3 STR 5.4 CITY	Y-ST-ZIP  E ME REET ADDRESS Y-ST-ZIP E ME REET ADDRESS Y-ST-ZIP		40.15.40.15.16.16.16.16.16.16.16.16.16.16.16.16.16.	☐ Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	BIDWILL, C.W. JR 911 SUNSET ROAD WINNETKA IL SD HEILE, JOHN D 554 DAVENPORT AVE CINCINNATI OH		3.4. CIT 4.1 TITL 4.2 NA/ 4.3 STR 4.4 CITY 5.1 TITL 5.2 NA/ 5.3 STR 5.4 CITY 6.1 TITL	Y-ST-ZIP  E ME REET ADDRESS Y-ST-ZIP E ME REET ADDRESS Y-ST-ZIP E REET ADDRESS		40.15.40.16.16.16.16.16.16.16.16.16.16.16.16.16.	☐ Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	BIDWILL, C.W. JR 911 SUNSET ROAD WINNETKA IL SD HEILE, JOHN D 554 DAVENPORT AVE CINCINNATI OH	. □ DELETE	3.4. CIT 4.1 TITL 4.2 NAJ 4.3 STR 4.4 CIT 5.1 TITL 5.2 NAM 5.3 STR 5.4 CIT 6.1 TITL 6.2 NAM	Y-ST-ZIP  E ME REET ADDRESS Y-ST-ZIP E ME REET ADDRESS Y-ST-ZIP E REET ADDRESS		中心公司 在中心 经收益额 建筑电路 (1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	☐ Change	Addition	

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.

6.4 CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

HINSDALE IL