

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

FILED

May 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 674286 (0)
1. Corporation Name
CATERING HYGIENE SERVICES, INC.



Principal Place of Business Mailing Address
4885 NW 6TH CT. PLANTATION. 33317-1407
P.O. BOX 5243
FT. LAUDERDALE FL 33310
4885 NW 6TH CT. PLANTATION. 33317-1407
P.O. BOX 5243
FT. LAUDERDALE FL 33310-5243

3. Date Incorporated or Qualified 06/19/1980
3a. Date of Last Report 08/02/1996

2. Principal Place of Business:	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	59-2016846	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No

9. Name and Address of Current Registered Agent

KRETSEDEMAS, ENID
4885 N.W. 6TH COURT
PLANTATION FL 33317

10. Name and Address of New Registered Agent

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: Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VTS KRETSEMEDA, ENID 4885 NW 6TH CT PLANTATION FL	1.1 TITLE	Change Addition
NAME	V KRETSEDEMAS, PHILIP 4885 N.W. 6TH COURT PLANTATION FL	1.2 NAME	Change Addition
STREET ADDRESS	P KRETSEDEMAS, ALEXANDER 4885 N.W. 6TH COURT PLANTATION FL	1.3 STREET ADDRESS	Change Addition
CITY - ST - ZIP	Xy MAC RIVENBARK 401 S.E. 20TH STREET #4 FT. LAUD., FL. 33316	1.4 CITY - ST - ZIP	Change Addition
TITLE	V MAC RIVENBARK 401 S.E. 20TH STREET #4 FT. LAUD., FL. 33316	2.1 TITLE	Change Addition
NAME		2.2 NAME	Change Addition
STREET ADDRESS		2.3 STREET ADDRESS	Change Addition
CITY - ST - ZIP		2.4 CITY - ST - ZIP	Change Addition
TITLE		3.1 TITLE	Change Addition
NAME		3.2 NAME	Change Addition
STREET ADDRESS		3.3 STREET ADDRESS	Change Addition
CITY - ST - ZIP		3.4 CITY - ST - ZIP	Change Addition
TITLE		4.1 TITLE	Change Addition
NAME		4.2 NAME	Change Addition
STREET ADDRESS		4.3 STREET ADDRESS	Change Addition
CITY - ST - ZIP		4.4 CITY - ST - ZIP	Change Addition
TITLE		5.1 TITLE	Change Addition
NAME		5.2 NAME	Change Addition
STREET ADDRESS		5.3 STREET ADDRESS	Change Addition
CITY - ST - ZIP		5.4 CITY - ST - ZIP	Change Addition
TITLE		6.1 TITLE	Change Addition
NAME		6.2 NAME	Change Addition
STREET ADDRESS		6.3 STREET ADDRESS	Change Addition
CITY - ST - ZIP		6.4 CITY - ST - ZIP	Change Addition

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 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Date

Daytime Phone #

5/31/97 958-741-1217

CR2E034 (9/96)