

4-23-97 15-5216
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 23 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 # **G35858** (1)
 1. Corporation Name
PARTY CATERERS, INC.



Principal Place of Business: % JOSEPH COLARUSSO, 5901 MARGATE BLVD., MARGATE FL 33063
 Mailing Address: % JOSEPH COLARUSSO, 5901 MARGATE BLVD., MARGATE FL 33063-2835

2. Principal Place of Business: 21 1150 NW 58th AVE, Suite, Apt. #, etc.:
 22
 City & State: 23 Margate FL
 Zip: 24 33063, Country: 25 Broward
 2a. Mailing Address: 26 1150 NW 58th AVE, Suite, Apt. #, etc.:
 27
 City & State: 28 Margate FL
 Zip: 29 33063, Country: 30 Broward

3. Date Incorporated or Qualified: 04/26/1983
 3a. Date of Last Report: 04/29/1996
 4. FEI Number: 59-2287208
 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

9. Name and Address of Current Registered Agent: SCHOTT, MICHAEL, 5901 MARGATE BLVD., MARGATE FL

10. Name and Address of New Registered Agent:
 81 Name:
 82 Street Address (P.O. Box Number is Not Acceptable): 1150 NW 58th AVE
 83
 84 City: Margate FL
 85 Zip Code: 33063

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: *Mike Schott* miko schott DATE: 4.16.97

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	SCHOTT, MICHAEL	
STREET ADDRESS	5901 MARGATE BLVD.	
CITY-ST-ZIP	MARGATE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	PANGBORN, CAMILLE	
STREET ADDRESS	4401 NW 9 AVE APT D	
CITY-ST-ZIP	POMPANO FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SCHOTT, TERRANCE	
STREET ADDRESS	2866 NOB HILL RD	
CITY-ST-ZIP	SUNRISE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 included 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: *Terrance Schott* DATE: 4.16.97
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #: 9549757626

CR2E034 (9/96)