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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G71935 1. Corporation Name

CLASSIC	C CREATIONS CATERING	, INC.								
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Principal Plac	e of Business	Mailing	Address				-	IT AIRI BIBIT BIBIT AKAK		
947 N. ORANGE AVENUE 947 N. ORANGE AVENUE					•				•	
SUITE A SUITE A WINTER PARK FL 32789 WINTER PARK FL 32789							DO NOT WRIT	E IN THIS SPACE		
THE PARTY OF) E 02700	***************************************	771111 1 2 02100				3. Date Incorporated or Qualifed			-
							11/28/1983	٠		
2. Principal P	Place of Business	2a. Maili	ing Address				4. FEI Number		Applied Fo	r
21		26					59-2385598		Not Applica	able
Suite, Apt.	#, etc.	Suite 27	e, Apt. #, etc.				5. Certifcate of Status Desired	1 1	75 Additiona e Required	al
City & Stat	te	City	& State				6. Election Campaign Financing	□ \$5.	00 May Be	
23		28			٠		Trust Fund Contribution		ded to Fees	
Zip	Country	Zip		Cour	ntry		8. This corporation owes the curre			
24	25	[29]		30			Personal Property Tax.	☐ Yes	□No	
	9. Name and Address of Cur	-	Agent		81	Name	10. Name and Address of New Re	egistered Agent		
PAU	L. LEONA	er eg e			۱.	14dille				
505-	L, LEONA 106 VIA DELL'ORO	, IMC			82	Street Addre	ess (P.O. Box Number is Not Acceptat	ole)	•	
ALT/	AMONTE SPRINGS FL 32714			}	83	-	1. 185 - 1. 185 - 1. 184 - 185 - 185 - 185 - 185 - 185 - 185 - 185 - 185 - 185 - 185 - 185 - 185 - 185 - 185 - 831 - 185 - 186 - 186 - 186 - 186 - 186 - 186 - 186 - 186 - 186 - 186 - 186 - 186 - 186 - 186 - 186 - 186 - 186	13 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	in a section of the contract o	* 100
									在實際多組	1
					84	City		F1 85	Zip`Code	
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.150	08. Florida Statu	tes, the ab	ove-r	named corpo	pration submits this statement for the p	urpose of changin	a its register	ed
→ office or r	egistered agent, or both, in the Sta im familiar with, and accept the obli	ite of Florida' Su	ch change was a	authorized	hv the	e corporatio	n's board of directors. I hereby accept	the appointment a	is registered	
- ago a		-		maa otata	tes.					
SIGNATURE	•							DATE .		
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applica	ible. (NOTE	E: Registered /		ignature required	when reinstating)	DATE	CTORS IN 1	2
	Signature, typed or printed name of registered a		ible. (NOTE		Agent si	ignature required	when reinstating) ADDITIONS/CHANGES TO OFF			
SIGNATURE	Signature, typed or printed name of registered OFFICERS	agent and title if applica	NOTE	E: Registered /	Agent si LE	ignature required	<u> </u>	ICERS AND DIRE		
SIGNATURE 12. TILE	Signature, typed or printed name of registered of OFFICERS	agent and title if applica	NOTE	13. 1.1 TITI 1.2 NA/	Agent si LE ME	ignature required	<u> </u>	ICERS AND DIRE		
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered of OFFICERS P PAUL, LEONA	agent and title if applica	NOTE	13. 1.1 TITI 1.2 NA/ 1.3 STF	Agent si LE ME	DDRESS	<u> </u>	ICERS AND DIRE		
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered of PPAUL, LEONA 505-106 VIA DELL ORO ALTAMONTE SPG. FL	agent and title if applica	RS (NOTE	13. 1.1 TITI 1.2 NA/ 1.3 STF 1.4 CIT	Agent si	DDRESS	<u> </u>	ICERS AND DIRE	nge □ Ad	dition
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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 sippliemental 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 of the receiver or trustee epipowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, program attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED

Jan 27, 1999 8:00am

Secretary of State

01-27-1999 90036 015 ***150.00