## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # J07475

1. Corporation Name

(3)

ALA CARTE CATERING, INC.

Principal Place of Business Mailing Address						i jedilih digi obini fooli didiy godi	BRIL BABUI BABUI		NAME OF THE PROPERTY OF THE PR		
22 3204 BAY-TO TAMPA FL 33		22 3204 Bay-To-Bay Blv( Tampa Fl 33629-7106	3204 BAY-TO-BAY BLVD.								
						. Date Incorporated or Qualified					
2. Principal Place of Business		2a. Mailing Address				4. FEI Number	Applied For			7	
Suite Act # etc		26							Vot Applicable		
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27				5. Certificate of Status Desired	S8.75 Additional Fee Required				
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees					
Zip	· · ·	Country Zip Co		ntry	8. This corporation has liability for intangible tax u			under s	under s 199.032,		
24	9. Name and Address of Curren	29	30			Florida Statutes					
	9. Name and Address of Carren	it negistereo Agent		81 Nam		10. Name and Address of New Ro	egistered A	gent	· · · · · · · · · · · · · · · · · · ·		
	HORST, LAURA S.					(P.O. Box Number is Not Acceptable	e)			_	
3204 BA Tampa i	y to bay blyd. Fl 33629			83		So to so so that had a not recognitive				-	
				84 City				T		_	
							FL	1 1 '	Code		
Or register	o the provisions of Sections 607,0502 ed agent, or both, in the State of Floric th, and accept the obligations of, Secti	ja. Such change was aumonze	3O DV IDE C	ve-nanted orporation	corporation's board o	n submits this statement for the purp f directors. I hereby accept the appo		ging its re egistered	egistered offic agent. I am	ē	
SIGNATURE											
	Signature, typed or printed name of registered agent		TE Registered	Agant signatur	e required wh	· · · · · · · · · · · · · · · · · · ·	DATE	*		ിര	
12. TITLE	OFFICERS AND	·····	13.			ADDITIONS/CHANGES TO OFFIC				CR2E034 (12/95	
NAME	SCHMALHORST, LAURA S.	☐ DELETE	1. 1 71				L	Change	Addition	Ξ	
STREET ADDRESS	2002 ALLINE		1.2 NA		_					잘	
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NAME	COMMAN MODEL STEVENIO		2.2 NA					Change	LJ Addeon		
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CITY-ST-ZIP	TAMPA FL		24 CITY - ST		<sup>*</sup>						
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CITY-ST-ZIP				Y-SI-ZIP							
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NAME			4.2 NA	Mε							
STREET ADDRESS			4.3 \$16	EET ADDRESS	3						
CITY-ST-ZIP			4.4 CIT	Y - \$T - ZIP							
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NAME			5.2 NA	ΝĖ	1						
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CITY-ST-ZIP			5.4 CiT	Y-ST-ZIP							
TITLE		□] DÉLETE 6		LE				Change	Addition	7	
NAME			6.2 NA	ΛE							
STREET ADDRESS			6.3 STR	eet address	<b>;</b>						
CITY-ST-ZIP			6.4 CrT	Y-ST-ZIP	1						

4. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further certify that the information indicated on this armual report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corp oration 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 altachment with an address.

SIGNATURE:
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
STONE BY SIGNING OFFICER OR DIRECTOR

1/30/96 815/831-5390