

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

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AND
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98 JUL 29 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **K21098** (4)
1. Corporation Name
DAVID'S CUSTOM CATERERS, INC.



Principal Place of Business: **6501 W COMMERCIAL BLVD. TAMARAC FL 33319**
Mailing Address: **6501 W COMMERCIAL BLVD. TAMARAC FL 33319**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/12/1988	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0053947	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
FRANKEN, CHARLES D. 8181 W. BROWARD BLVD. SUITE 100 PLANTATION FL 33324		81	Name		
		82	Street Address (P.O. Box Number is Not Acceptable)		
		83			
		84	City	FL	85

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PS1 GOLDSTEIN, DAVID	1.2 NAME	300002609789--0
STREET ADDRESS	6501 W. COMMERCIAL BLVD.	1.3 STREET ADDRESS	-08/06/98--01074--017
CITY-ST-ZIP	TAMARAC FL 33319	1.4 CITY-ST-ZIP	****300.00 ****150.00
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	300002609789--0
STREET ADDRESS		2.3 STREET ADDRESS	-08/06/98--01074--018
CITY-ST-ZIP		2.4 CITY-ST-ZIP	*****17.50 *****8.75
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE _____ DATE **7/13/98**

CR2E034 (10/97)

LAW OFFICES OF

CHARLES D. FRANKEN, P.A.

NATIONSBANK PROFESSIONAL CENTER
8181 WEST BROWARD BOULEVARD • SUITE 380
PLANTATION, FLORIDA 33324

PHONE (954) 476-7200
FAX (954) 424-0287

CHARLES D. FRANKEN, ESQUIRE

July 24, 1998

Secretary of State
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399
Attn: Annual Reports and
Certificate of Good Standing

Re: DAVID'S CUSTOM CATERERS, INC. and
A J REAL ESTATE HOLDING COMPANY

Dear Sir/Madame:

The undersigned is the corporate attorney for the above referenced Florida corporations.

Based upon our telephone inquiry on July 13, 1998 to the Secretary of State's office, we were advised that the above two (2) corporations are delinquent for failure to file the annual reports. However, my client did not receive the first notice of filing the Annual Report in January but received the first notice in June 1998, which is enclosed.

We therefore assert that these two corporations are not delinquent as they did not timely receive your first notice for either corporation.

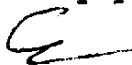
Therefore, we ask that these two corporations be reinstated by our enclosing our check in the amount of \$300.00 (\$150.00 each) and have herewith attached the two (2) annual report forms for each corporation completely filled out and signed by the corporate representatives.

Please return to the undersigned attorney a certified certificate of good standing for each corporation.

We have enclosed our check in the amount of \$300.00 to reinstate these two (2) corporations, plus \$17.50 (\$8.75 each) as the processing fee for the certificates of good standing.

Thank you for your kind cooperation in this matter.

Very truly yours,


Charles D. Franken

CDF:CMF
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Enclosure (\$300.00 & \$17.50)