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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

OCUMENT # K50990

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G & M CATERING, INC.

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Mar	13	1997	8:00am
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ARATHON FL 3350   MARATHON FL	
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Principal Place of Business	Report
Principal Place of Business   2a. Mailing Address   4. FEI Number   65-0090242	•
Suite, Apt. #, etc.    Suite, Apt. #, etc.	pplied For
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City & State  Ci	Additional
City & State    28   29   30   20   30   30   30   30   30   30	equired
Zip	May Be
PAY STREET OCEAN  ARATHON FL. FL. 33050  10. Name and Address of New Registered Agent  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City  FL. 85 Zig  85 Street Address (P.O. Box Number is Not Acceptable)  86 City  FL. 85 Zig  87 Street Address (P.O. Box Number is Not Acceptable)  88 Street Address (P.O. Box Number is Not Acceptable)  89 Street Address (P.O. Box Number is Not Acceptable)  80 Street Address (P.O. Box Number is Not Acceptable)  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City  FL. 85 Zig  85 Street Address (P.O. Box Number is Not Acceptable)  85 Street Address (P.O. Box Number is Not Acceptable)  86 City  FL. 85 Zig  87 Street Address (P.O. Box Number is Not Acceptable)  87 Street Address (P.O. Box Number is Not Acceptable)  88 Street Address (P.O. Box Number is Not Acceptable)  89 Street Address (P.O. Box Number is Not Acceptable)  80 Street Address (P.O. Box Number is Not Acceptable)  80 Street Address (P.O. Box Number is Not Acceptable)  81 Street Address (P.O. Box Number is Not Acceptable)  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City  FL. 85 Zig  85 Street Address (P.O. Box Number is Not Acceptable)  85 Street Address (P.O. Box Number is Not Acceptable)  86 City  FL. 85 Zig  87 Street Address (P.O. Box Number is Not Acceptable)  87 Street Address (P.O. Box Number is Not Acceptable)  88 Street Address (P.O. Box Number is Not Acceptable)  89 Street Address (P.O. Box Number is Not Acceptable)  89 Street Address (P.O. Box Number is Not Acceptable)  80 Street Address (P.O. Box Number is Not Acceptable)  81 Street Address (P.O. Box Number is Not Acceptable)  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City  85 Street Address (P.O. Box Number is Not Acceptable)  85 Street Address (P.O. Box Number is Not Acceptable)	to Fees
ANAMAE SPREET ADDRESS OUT - ST- ZIP STREET OCEAN  MARATHON PL FL 33050  B1 Name  B2 Street Address (P.O. Box Number is Not Acceptable)  B3 Street Address (P.O. Box Number is Not Acceptable)  B4 City FL B5 Zip City FL	. 199.032,
GAYLE HEWLETT 217 95TH STREET OCEAN MARATHON PL FL 33050  81 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 diffice 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 a agent. I am familiar with, and accept the obligations of. Section 607.0505, Florida Statutes.  BIGNATURE Signature, hyped or prelied name of registered agent and this if applicable OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR ITILE PT DELETE 11.1 ITILE 12.2 NAME STREET ADDRESS CITY-ST-2IP MARATHON FL 12.3 SIRRET ADDRESS CITY-ST-2IP MARATHON FL 12.4 CITY-ST-2IP  TITLE 12.4 CITY-ST-2IP  TITLE 13.1 ITILE 13.2 INTELE 13.2 INTELE 13.3 INTELE 13.3 SIRRET ADDRESS CITY-ST-2IP  TITLE 13.4 CITY-ST-2IP  TITLE 13.3 SIRRET ADDRESS CITY-ST-2IP  TITLE 14.1 TITLE 15.3 SIRRET ADDRESS CITY-ST-2	
217 95TH STREET OCEAN  MARATHON FL FL 33050  82 Street Address (P.O. Box Number is Not Acceptable)  83   Acceptable    84 City	
### ARATHON FL FL 33050    B4	
B3   B4   City	
### City ### City ####################################	
### 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 dffice 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 a segent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  ### Signature registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	
### 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 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 a segent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  ### Signature registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	Code
### Appointment a spent. I am familiar with, and accept the obligations of, Section 607.505, Florida Statutes.    Signature   I am familiar with, and accept the obligations of, Section 607.505, Florida Statutes.    Signature   I am familiar with, and accept the obligations of, Section 607.505, Florida Statutes.    Signature   I am familiar with, and accept the obligations of, Section 607.505, Florida Statutes.   Signature   I am familiar with, and accept the obligations of, Section 607.505, Florida Statutes.   Signature   I am familiar with, and accept the obligations of, Section 607.505, Florida Statutes.   Signature   I am familiar with, and accept the obligations of, Section 607.505, Florida Statutes.   Signature   I am familiar with, and accept the obligations of, Section 607.505, Florida Statutes.   Signature   I am familiar with, and accept the obligations of, Section 607.505, Florida Statutes.   Signature   I am familiar with, and accept the obligations of, Section 607.505, Florida Statutes.   Signature   I am familiar with, and accept the obligations of, Section 607.505, Florida Statutes.   Signature   I am familiar with, and accept the obligations of, Section 607.505, Florida Statutes.   Signature   I am familiar with, and accept the obligations of, Section 607.505, Florida Statutes.   Signature   I am familiar with, and accept the obligations of, Section 607.505, Florida Statutes.   Signature   I am familiar with, and accept the obligations of, Section 607.505, Florida Statutes.   Signature   I am familiar with, and accept the obligations of, Section 607.505, Florida Statutes signature required when renstering)   DATE   I am familiar with, and accept the obligations of, Section 607.505, Florida Statutes signature required when renstering)   DATE   I am familiar with, and accept the obligations of, Section 607.505, Florida Statutes signature required when renstering)   DATE   I am familiar with, and accept the obligations of Section 607.505, Florida Statutes signature required when renstering)   DATE	
SIGNATURE   Signature, hypod or printed name of registered agent and bitle if applicable. (NOTE: Rog stered Agent signature required when reinstating)   DATE	ts registered
SIGNATURE   Signature, hypod or printed name of registered agent and bitle if applicable. (NOTE: Rog stered Agent signature required when reinstating)   DATE	registered
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Hog stered Agent signature required when reinstating)   DATE	
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do hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annuel 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 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.