


FILED

Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
<div style="display: flex; justify-content: space-between;"> <div> DOCUMENT # K51701 1. Corporation Name EXECUTIVE CATERERS NORTH, INC. </div> <div style="text-align: right; font-size: 2em;"> (6) </div> </div>		
Principal Place of Business 6261 SW 18TH ST BOCA RATON FL 33433		Mailing Address 6261 SW 18TH ST BOCA RATON FL 33433-7146
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
9. Name and Address of Current Registered Agent		
FRIEDMAN, STUART 6261 SW 18TH STREET BOCA RATON FL 33433		81 Name 82 Street Address 83 84 City
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation, office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.		
SIGNATURE _____ (NOTE: Registered Agent signature required)		
12. OFFICERS AND DIRECTORS		
12. TITLE <input type="checkbox"/> DELETE NAME V HEIKEN, SCOTT STREET ADDRESS 5100 SHERIDAN ST. CITY-ST-ZIP HOLLYWOOD FL	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP	
TITLE <input type="checkbox"/> DELETE NAME P FRIEDMAN, STUART STREET ADDRESS 5100 SHERIDAN ST. CITY-ST-ZIP HOLLYWOOD FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY- ST- ZIP	
TITLE <input type="checkbox"/> DELETE NAME ST KAUFMAN, ERIC STREET ADDRESS 5100 SHERIDAN ST. CITY-ST-ZIP HOLLYWOOD FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY- ST- ZIP	
TITLE <input type="checkbox"/> DELETE NAME V TABATCHNICK, ANDREW STREET ADDRESS 5100 SHERIDAN ST. CITY-ST-ZIP HOLLYWOOD FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY- ST- ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST- ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY- ST- ZIP	6.1 TITLE 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 information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if changed, or on an attachment with an address.		