## 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

DOCUMENT # K51701

(6)

EXECUTIVE CATERERS NORTH, INC.

EXECUTIVE OFFICIAL ROTTING INC.	
Principal Place of Business	Mailing Address

## FILED Apr 29 1997 8:00am Secretary of State



	261 SW 18TH ST 6261 SW 18TH SW 18TH ST 6261 SW 18TH ST 6261 SW 18TH ST 6261 SW 18TH ST 6261 SW							
					3. Date Incorporated or Qualified 12/15/1988	3a. Date of Last Feport 04/29/1996		
2. Principal Pl	2. Principal Place of Business 2a. Mailing Address				4. FEI Number	1 1	Applied For	
21		26	6		65-0090385	Not Applicable		
Suite, Apt. #. etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	7	\$8.75 Additional Fee Required	
City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Zip Count		8. This corporation has liability for in	or intangible tax under s. 199.032,		
24	25	29	30		Florida Statutes			
g. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
	EDMAN, STUART		3	1 Name			ļ	
6261 SW 18TH STREET			1	82 Street Address (P.O. Box Number is Not Acceptable)				
BOC	CA RATON FL 33433			13				
İ								
			]6	City		FL 85 Zir	Code	
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 ag	cent and title if applicable. (NC	II Registered	Agent signature reg	uired when reinstating)	DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTO	PRS IN 12	
TITLE	V	DELFTE	1.1 1111	F T		☐ Change		
NAME	HEIKEN, SCOTT		1.2 NAA	16			;	
STREET ADDRESS	5100 SHERIDAN ST.		1.3 STR	FF1 ADDRESS			li li	
CITY-ST-ZIP	HOLLYWOOD FL	1.4 €		'- S1- ZIP				
TITLE	P	DELETE 2.178		F		Change	☐ Addition	
NAME	FRIEDMAN, STUART		2.2 NAN	16				
STREET ADDRESS			2.3 S1R	EFT ADDRESS			ļ	
CITY-ST-ZIP	HOLLYWOOD FL		2. 4 CIT	Y-ST-ZIP				
TITLE	ST	DELETE	3.1 1170	E		☐ Change	Addition	
NAME	KAUFMAN, ERIC		3.2 NAN	NE NE			-	
STREET ADDRESS	5100 SHERIDAN ST.		3.3 S1R	EET ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL		3 4. CIT	Y-ST-ZIP				
TITLE	V	☐ DELETE 4.1		F.		Change	Addition	
NAME	TABATCHNICK, ANDREW	4.2		ME				
STREET ADDRESS	5100 SHERIDAN ST.		4.3 STR	EET ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL			'-SI-ZIP				
TITLE		DELETE	5.1 1/11	F		Change	: Addition	
NAME			5.2 NAA	1E				
STREET ADDRESS			5.3 STR	EE1 ADDRESS				
OTY-ST-ZIP				r-ST-ZIP		<b>—————</b>		
TATLE		☐ DEFELF	6.1 TiTt			Change	Addition	
NAME			6.2 NAM	·			j	
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP			6.4 CITY	'-ST-ZIP				

I do 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.