FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

95 MAY 11 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L00320** **(6)**

1. Corporate Name

INCREDIBLE EDIBLES CATERING, INC.

Principal Place of Business

SALLY W. BORCHIK
7 WALTER MARTIN ROAD NE
FT. WALTON BEACH FL 32548

Mailing Address

SALLY W. BORCHIK
7 WALTER MARTIN ROAD NE
FT. WALTON BEACH FL 32548

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/05/1989**	3a. Date of Last Report: **05/01/1994**
2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
(24) (25)	(29) (30)

4. FEI Number: **59-2972165** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has initially elected or changed its tax status to be taxed under Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BORCHIK, SALLY W.
7 WALTER MARTIN RD NE
FT. WALTON BEACH FL 32548

10. Name and Address of New Registered Agent

(81) Name

(82) Street Address (P.O. Box Number is Not Acceptable)

(83)

(84) City **FL** (85) Zip Code

11. Pursuant to the provisions of Section 607.0502 and 607.1508 Florida Statutes, the above named corporation submits the 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

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12
(31) D (32) NAME: BORCHIK, SALLY W. (33) STREET ADDRESS: 7 WALTER MARTIN RD NE (34) CITY, ST, ZIP: FT. WALTON BCH FL 32548	(35) ☐ Change ☐ Addition (36) NAME: (37) STREET ADDRESS: (38) CITY, ST, ZIP:
(39) D (40) NAME: BORCHIK, ALBERT S., JR. (41) STREET ADDRESS: 7 WALTER MARTIN RD NE (42) CITY, ST, ZIP: FT. WALTON BCH FL	(43) ☐ Change ☐ Addition (44) NAME: (45) STREET ADDRESS: (46) CITY, ST, ZIP:
(47) D (48) NAME: BORCHIK, KIMBERLY A. (49) STREET ADDRESS: 7 WALTER MARTIN RD NE (50) CITY, ST, ZIP: FT. WALTON BCH FL	(51) ☐ Change ☐ Addition (52) NAME: (53) STREET ADDRESS: (54) CITY, ST, ZIP:
(55) (56) NAME: (57) STREET ADDRESS: (58) CITY, ST, ZIP:	(59) ☐ Change ☐ Addition (60) NAME: (61) STREET ADDRESS: (62) CITY, ST, ZIP:
(63) (64) NAME: (65) STREET ADDRESS: (66) CITY, ST, ZIP:	(67) ☐ Change ☐ Addition (68) NAME: (69) STREET ADDRESS: (70) CITY, ST, ZIP:
(71) (72) NAME: (73) STREET ADDRESS: (74) CITY, ST, ZIP:	(75) ☐ Change ☐ Addition (76) NAME: (77) STREET ADDRESS: (78) CITY, ST, ZIP:

14. I/We 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)(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 be 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: Kimberly A. Borchik Kimberly A. Borchik 5/3/95 (904)244-6113

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0388513 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

ANNUAL REPORT

1995

DOCUMENT # L00497 (2)

VANCO STAGE LIGHTING INC.

APPROVED AND FILED

FILED
95 MAY 11 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

% MARTIN NURUDDIN
9561 SATELLITE BLVD. SUITE 300
ORLANDO FL 32837

% MARTIN NURUDDIN
9561 SATELLITE BLVD. SUITE 300
ORLANDO FL 32837

3. Date Incorporated/Qualified: 07/07/1989
3a. Date of Last Report: 11/04/1994

4. FEI Number: 59-2960494
Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired: X $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

NURUDDIN, MARTIN
9561 SATELLITE BLVD.
SUITE 300
ORLANDO FL 32837

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0505 and 607.1508, Florida Statutes, the above named corporation submits the 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: Martin Nuruddin - Operations Manager 05/08/95

12. OFFICERS AND DIRECTORS

TITLE: PD
NAME: VAN BEMMEL, THEODORE, JR
STREET ADDRESS: 10 TOMPKINS RIDGE ROAD
CITY-ST-ZIP: TOMKINS COVE NY

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

14. I declare I certify that the information supplied with this filing is accurate and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 above, or on an attachment with an address.

SIGNATURE: Theodore Van Bemmel Jr. 05/08/95 407-855-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0063467 CP