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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # L55843

RDR CATERING, INC.

							1 188118 1 881 8148 84491 1844 914	ar (() 1 180 by	A	
Principal Place of Business Mailing Address										
512 HWY 574 E. 512 HWY 574 E.										
SEFFNER FL 33584 SEFFNER FL 33584							DO NOT WE!	TE IN THIS	SDACE	
US US						<u> </u>	DO NOT WRITE IN THIS SPACE			
	-					1 3	B. Date Incorporated or Qualifed			
							03/05/1990			
2. Principal Place of Business 2a. Mailing Address						4	J. FEI Number			plied For
21 26							<u>59-2992796</u>			t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.							5. Certifcate of Status Desired		\$8.75 A	
22 27									Fee Re	`
City & Stat	City & State	ity & State			l €	3. Election Campaign Financing		\$5.00		
23		28					Trust Fund Contribution		Added t	o Fees
Zip	Country	Country Zip Co				8	This corporation owes the curr	is corporation owes the current year Intangible		
24	25	25 29 30			Personal Property Tax.			<u> </u>	□No	
	Ļ,		1(Name and Address of New F	legistered A	\gent				
				81	Name					
GRECO, FRANK J., ESQUIRE				82 Street Addres			(P.O. Box Number is Not Accepta	able)		
1715 N. WESTSHORE BLVD.				52 Street Aud			(F.O. Box Hamber is Not Accepte	1510)		
SUIT	E 750		83							
TAM	PA FL 33607									
				84	City			FL	85 Zip (Code
44 5	to the provisions of Sections 607.050	22 and 607 1509 Florido Statu	toc the o		named co	rnorati	on submits this statement for the		changing its	registered
office or r	enistered agent, or both, in the State.	of Florida. Such change was a	authorized	י עם נ	the corpora	ation's t	board of directors. I hereby accep	t the appoin	tment as re	gistered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Fle	orida Stat	utes.						ļ
SIGNATURE										
	Signature, typed or printed name of registered ager			Agent	t signature requ	uired wher		DATE	D DIRECTO	DC IN 12
12.	, 	ID DIRECTORS	13.				ADDITIONS/CHANGES TO OF	FICERS AN		Addition
TITLE	DPV			TLE					☐ Change	☐ Addition
NAME	oricon, borries tradition.		1.2 NAME							
STREET ADDRESS	14048 SYDNEY ROAD 13		1.3 S	1,3 STREET ADDRESS						1
CITY-ST-ZIP	DOVER FL		1.4 C	1.4 CITY-ST-ZIP						
TITLE	DST	☐ D€LETE	2.1 TI	TLE					Change	☐ Addition
NAME	SHELL, TRACY ANN		2.2 NAM		ſ					{
STREET ADDRESS	14048 SYDNEY ROAD			2.3 STREET ADDRESS						
	DOVER FL		2. 4 CITY-ST							1
CITY-ST-ZIP			3.1 TITLE					Change	Addition	
TITLE	1	F-1 6-11-			1					_
NAME	•		3.2 NAME							
STREET ADDRESS	1			3.3 STREET ADDRESS						
CITY-ST-ZIP				:ITY-5	T-ZIP				Change	Addition
TITLE	}	☐ DELETE	4.1 TITLE		}				Change	L.J Addition
NAME			4.2 N	AME						!
STREET ADDRESS			4.3 \$	TREET	ADDRESS					Ì
CITY-ST-ZIP			4.4 C	ΠY-S1	r-ZIP					
TITLE		☐ DELETE	5.1 TI	πE		-			☐ Change	Addition
NAME			5.2 N	AME						
STREET ADDRESS			5.3 S	TREET	ADDRESS					
CITY-ST-ZIP			5.4 C	ITY-S1	r-ZIP					
TITLE	 	☐ DELETE	6.1 T		-				☐ Change	☐ Addition
NAME	1		6.2 N	AME	1					1
DAME					1					I

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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90098 050 ***150.00