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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

(4)

DOCUMENT #

1. Corporation Name CREATIVE CATERING BY THE FARINAS, INC.

Principal Place of Business Mailing Address							····			21811 1481	
741 DELMON	RINE C. FARINA IICO ST., N.E.	741 DELMONICO	C/O CATHERINE C. FARINA 741 DELMONICO ST., N.E. PALM BAY FL 32907								
PALM BAY FL 32907		PALM DAT FL S	PALM DRI FL SCOV			05/04/1990 06				Last Report 5/15/1995	
. Principal Plac	e of Business	2a. Mailing Address				4. FEI Number 59-3009851	 			Applied For Not Applicable	
Suite, Apt. #,	elc .	Suite, Apt. #, etc								Additional	
Suite, Apr. #,	eic.	27				5. Certificate of Status D	esired		Fee I	Required	
City & State		City & State				6. Election Campaign Fire	-			May Be	
	Country	28 Zip		Country		8. This corporation has I				d to Fees 199.032.	
Ζφ]	Country 25	29	30	500mmy		Florida Statutes	☐ Yes				
	9. Name and Address of Cur					10. Name and Address	of New R	egistered .	Agent		
				81 N	ame						
	, CATHERINE C.			82 S	treet Addre	ess (P.O. Box Number is Not	t Acceptab	le)			
	LMONICO ST., N.E.			83							
PALM 8	BAY FL 32907			83	_						
				84 C	ity			FI	85 Z	p Code	
- D	the provisions of Sections 607.0	ISD2 and 807 1508 Florida S	tatutes the p	above-nam	ed corpor	ation submits this statement	for the pur	pose of chi	anging its r	egistered offi	
or registere	d agent, or both, in the State of F	-londa. Such change was aut	norizea by tri	he corpora	tion's boar	rd of directors. I hereby acce	pt the appo	ointment as	registered	agent. I am	
familiar with	, and accept the obligations of S	Section 607.0505, Florida Sta	itutes.								
									-		
IGNATURE _	longiture, twoed or printed name of registered	soent and title if applicable	(NOTE: Registe	tered Agent sig	nature required	d when reinstating)		DATE			
s	Ignature, typed or printed name of registered of OFFICERS	agent and title if applicable AND DIRECTORS		tered Agent sig	nature required	d when reinstating) ADDITIONS/CHANGE	S TO OFF	ICERS AND			
2.			1		nature required		ES TO OFF	ICERS AND	DIRECTO Change		
Z.	OFFICERS D FARINA, WILLIAM A.	AND DIRECTORS DELETE	1	13.	nature required		ES TO OFF	ICERS AND			
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SIGNATURE:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/96 (407) 253-0905
Dayting Phone #