



4-24-97 B5347 C  
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Apr 24 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L83961 (7) 1. Corporation Name RENAISSANCE CATERING AND GOURMET SHOP, INC.					
Principal Place of Business 1240 SW 34TH ST <del>1204 N.W. U.S. HWY ONE</del> PALM CITY FL 34990 US			Mailing Address 1240 SW 34TH ST <del>1204 N.W. U.S. HWY ONE</del> PALM CITY FL 34990-3368 US		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 06/28/1990	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		3a. Date of Last Report 05/09/1996	
City & State 23		City & State 28		4. FEI Number 65-0210476	
Zip 24		Country 25		Applied For Not Applicable	
29		30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent GONZALEZ, ROSSANA 1240 SW 34TH ST PALM CITY FL 34990		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		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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 _____ DATE _____ (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS 1.1 TITLE D 1.2 NAME GONZALEZ, ROSSANA D. 1.3 STREET ADDRESS 1204 N.W. U.S. HWY ONE 1.4 CITY-ST-ZIP STUART FL 1.5 DELETE <input type="checkbox"/> 2.1 TITLE VP 2.2 NAME GONZALEZ, JOHN B 2.3 STREET ADDRESS 1204 NW FEDERAL HWY 1 2.4 CITY-ST-ZIP STUART FL 2.5 DELETE <input type="checkbox"/> 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.5 DELETE <input type="checkbox"/> 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.5 DELETE <input type="checkbox"/> 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.5 DELETE <input type="checkbox"/> 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.5 DELETE <input type="checkbox"/>					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1240 SW 34TH ST. 1.4 CITY-ST-ZIP PALM CITY, FL 34990 1.5 DELETE <input type="checkbox"/> 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 1240 SW 34TH ST. 2.4 CITY-ST-ZIP PALM CITY, FL 34990 2.5 DELETE <input type="checkbox"/> 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.5 DELETE <input type="checkbox"/> 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.5 DELETE <input type="checkbox"/> 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.5 DELETE <input type="checkbox"/> 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.5 DELETE <input type="checkbox"/>					
14. 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.					
SIGNATURE:  ROSSANA D. GONZALEZ 3/12/97 (561) 220-7400 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034 (9/96)