

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L86221** (3)

1. Corporation Name
REEDS CATERING INCORPORATED



Principal Place of Business

% REED BERNARDO
934 FLANDER T
DELRAY BEACH FL 33484-5357

Mailing Address

% REED BERNARDO
934 FLANDER T
DELRAY BEACH FL 33484-5357

3. Date Incorporated or Qualified
07/05/1990

3a. Date of Last Report
03/24/1995

2. Principal Place of Business

21 **5555 NW 95 Ave**
Suite, Apt. #, etc.

22
City & State

23 **Sunrise FL**

24 **33351**

25 **USA**

2a. Mailing Address

26 **5555 NW 95 Ave**
Suite, Apt. #, etc.

27
City & State

28 **Sunrise FL**

29 **33351**

30 **USA**

4. FEI Number

65-0201869

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 liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**BERNARDO, REED
934 FLANDER T
DELRAY BEACH FL 33848**

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 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 agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **BERNARDO, REED**
STREET ADDRESS **934 FLANDER T**
CITY-ST-ZIP **DELRAY BEACH FL**
☐ DELETE

TITLE **V**
NAME **BERNADO, IVY**
STREET ADDRESS **2866 NW 55 AVE**
CITY-ST-ZIP **LAUDER HILL FL**
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS **5555 NW 95 AVE**
1.4 CITY-ST-ZIP **SUNRISE FL 33351**
☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME **S**
3.3 STREET ADDRESS **CHARI BERNARDO**
3.4 CITY-ST-ZIP **2941 SW 87 AVE**
DAVIE FL 33328
☐ Change ☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I do 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)(k), 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:

Paul Bernardo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-96
Date

(954) 741-7300
Telephone Number

CR2E034 (12/95)