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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

M52255

RESTAURANT AND CATERING CORPORATION

(0)

**FILED** Apr 24 1996 8:00 am Secretary of State



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Principal Place of Business Mailing Address  2224 BAY ST 2224 BAY ST					Contractor has mixed stated alarge.		** ***** *****	aram 2:20 (42)
FT MYERS FL 33901		2224 BAY ST FT Myers FL 33901						
US		US			3. Date Incorporated or Qualified	Tae Dot	e of Last R	lanart
					05/18/1987	0.00	5/01/19	9 <b>5</b>
Principal Place of Bu     Place of Bu	isiness	2a. Mailing Address		4. FEI Number 59-2820936		Applied For		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		\$0.7E		Not Applicable		
22		27		5. Certificate of Status Desired			Required	
City & State		City & State		Election Campaign Financing     \$5.00 May Be				
Zip Country		Zip Country		Trust Fund Contribution Added to Fees  8. This corporation has liability for intangible tax under s. 199.032.				
24	25	29	30	,		or intangibie ta es ∐No	ıx under ş	199.032,
9. Na	me and Address of Curre	ent Registered Agent		···	10. Name and Address of New	Registered	Agent	
KUSHNER, STE\	JEN D		8	Name				
1515 BROADWA			8		t Address (P.O. Box Number is Not Acceptable)			
FT. MYERS FL 3				<u> </u>				
			84	City			11 5	
				1		FL	1 1 1	p Code
Ton the Tree Co	or both, in the State of Fio scept the obligations of, Sec	iz and 607.1506, Florida Statut rida. Such change was authoriz ction 607.0505, Florida Statutes	es, the above red by the con s.	named corpo paration's bo	oration submits this statement for the p and of directors. I hereby accept the ap	urpose of cha pointment as	inging its r registered	registered office Lagent, Lam
SIGNATURE Signature By	ped or printed name of registered age	ाक्षा संक्रान्त संबद्धा के किया है । इंक्रार क्रान्त संबद्धा के किया है ।	ittir. Fargistered Agr	of Synatholic Gale	ed wher recessing:	DATE		
12. DPS	OFFICERS AF	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTO	RS IN 12
	MID, PETER	□ DELETE	1.1111(6				Change	☐ Addition
	BAY STREET		1.2 NAME	t appoint				
CITY - ST-ZIP FT M'	yers fl		1.4 CITY -	TADDRESS ST-ZiP				
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STREET ADDRESS				ADORESS				
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TITLE		DELETE	6 1 Till, E	[		Ĺ	Change	Addit on
NAME STOCKLABORESS		<i>→</i>	6.2 NAME					
STREET ADDRESS CITY-ST-ZIP			63 STHEE	1				
14 I do bereby certify th	at the information complexi	wells this flood is und misself it was	64 Cil Y - S	5 79				

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)(iii), 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 of the corporati

SIGNATURE: SIGNATURE AND TYPEO OFFINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-96