Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90012 016 ***150.00

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 # P93000015832

1. Corporation Name

MAJESTIC CATERERS, INC.

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Principal Place of Business Mailing Address							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
20900 W DIXIE HWY 20900 W DIXIE HWY							,	•		
STE A			STE A NORTH MIAMI BEACH FL 33180				DO NOT WRITE IN THIS SPACE			
			US				3. Date Incorporated or Qualifed			
					•		03/02/1993			
2. Principal Pl	ace of Business	2a.	Mailing Address				4. FEI Number		Ap	plied For
21		26					65-0391429	[No	t Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5 Certificate of Status Desired			Additional
22							5. Certifcate of Status Desired	F	ee Re	equired
City & State	9		City & State				6. Election Campaign Financing	\$:	5.00	May Be
23		28					Trust Fund Contribution	A	dded t	to Fees
Zip	Country		Zip	Cour	ntry		8. This corporation owes the current year Int			.
24	25	29		30			Personal Property Tax.	X Ye		□No
	9 Name and Address of Curre	nt Regis	stered Agent				10. Name and Address of New Registered	Agent		
rne.	ZINE CTANLEY D				81	Name				
ERSKINE, STANLEY B					82	Street Add	ress (P.O. Box Number is Not Acceptable)			
55 WESTON ROAD SUITE 300]	_1					
					83					
FUR	T LAUDERDALE FL 33326			Ì	84	City		85	Zip	Code
						Ţ	<u>FL</u>	. [_]	·	
office or n	egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florionations of	da. Such change was a , Section 607.0505, Flo	authorized orida Statu	by ites.	tne corporati	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoi	ntmeni	l as re	gistered
	Signature, typed or printed name of registered ac				Agen	it signature require	ad when reinstating) DATE			DDC 101 42
12.	OFFICERS A	ND DIRE	DELETE	13.		1	ADDITIONS/CHANGES TO OFFICERS AN		hange	Addition
TITLE	PTD MICTOR (□ DELETE	1.1 TIT				٠, ٥.	Jango	[_J / I
NAME	NUNBERG, VICTOR L			1.2 NA						
STREET ADDRESS	20900 W DIXIE HWY STE A	100				ADDRESS	•			
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33	IOU	[DELETE	1.4 CIT	_	T-ZIP			hange	Addition
TITLE	VTD		☐ DELETE	2.1 TIT				۰۰۰	90	
NAME	NESS, GERALD J			2.2 NA						
STREET ADDRESS	20900 W DIXIE HWY STE A	100				ADDRESS				
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33	IBU		2. 4 CI	_	T-ZIP			hange	☐ Addition
TITLE			☐ DELETE	3.1 TIT					.u.go	
NAME ~	and the second s		-	3.2 NA			•	-		~
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP		····	□ BELETE	3.4. CI	_	IT- ZIP		[70	hange	Addition
TITLE			☐ DELETE	4.1 TIT				٥٠	go	
NAME				4. 2 N						
STREET ADDRESS	•			4.3 ST	REET	TADORESS	•			
CITY-ST-ZIP			□ DELETE	4.4 CI	_	T-ZIP			hange	☐ Addition
TITLE			☐ DELETE	5.1 TIT		Ì		ПО	· ·ai ·yo	L'1 WAGINOU
NAME				5.2 NA						
STREET ADDRESS	·					ADDRESS				
CITY-ST-ZIP				5.4 CIT		T-ZIP		<u> </u>	<u></u>	
TITLE			☐ DELETE	6.1 ₹∏		ļ		Цú	hange	☐ Addition
NAME				6.2 NA						
STREET ADDRESS.				6.3 ST	REET	T ADDRESS				

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.

6.4 CITY-ST-ZIP

SIGNATURE: 2

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR REQUIRED