

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 # P93000039954 (1)

1. Corporation Name

AARON'S CATERING INC.



Principal Place of Business

7861 STIRING BRIDGE BLVD S
DELRAY BEACH FL 33446

Mailing Address

7861 STIRING BRIDGE BLVD S
DELRAY BEACH FL 33446

3. Date Incorporated or Qualified
05/27/1993

3a. Date of Last Report
11/30/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number

65-0419592

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

PRICE, AARON
7861 STIRING BRIDGE BLVD S
DELRAY BEACH FL 33446

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

Aaron Price
Signature, typed or printed name of registered agent and title, if applicable

AARON PRICE

(NOTE: Registered Agent Signature required when re-stating)

DATE

2-26-95

12. OFFICERS AND DIRECTORS

TITLE D
NAME PRICE, AARON
STREET ADDRESS 7861 STIRING BRIDGE BLVD S
CITY-ST-ZIP DELRAY BEACH FL 33446

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

2 1 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

3 1 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

4 1 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

5 1 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

6 1 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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:

Aaron Price
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-95

407 495 0047

Date

Daytime Phone #

CR2E034 (12/95)