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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT#	P93000039954	(I)
Corporation Name		• •

AARON'	S CATERING INC.							
Principal Place	of Business	Mailing Address			E (EDIADA 190 1000 TUNU BOIN DOIN I	B		811)(8181 1881
7861 STIRING BRIDGE BLVD S DELRAY BEACH FL 33446 7861 STIRING BRIDGE BLVD S DELRAY BEACH FL 33446								
					3. Date Incorporated or Qualified 05/27/1993	3a. Date 11/3	of Last F 30/199	
Principal Pla	ace of Business	28. Mailing Address 26			4. FEI Number 65-04 19592			Applied For Not Applicab
Suite, Apt.	#, etc.	Suite, Apt, #, etc.			5. Certificate of Status Desired		Fee	5 Additional Required
City & State)	City & State			Election Campaign Financing Trust Fund Contribution		Adde	00 May Be ed to Fees
Žip	Country	Zip	Count	try	8. This corporation has liability for		x under s	199.032,
]	25	29	30		Florida Statutes Yes 10. Name and Address of New	s No	\aant	
	9. Name and Address of Current	Registered Agent	5	31 Name	10. Name and Address of New	negistered	your	
500E A	4001							
PRICE, AARON 7861 STIRING BRIDGE BLVD S		8	Street Add	lress (P.O. Box Number is Not Accepta	iole)			
	BEACH FL 33446		1	83				
DELIVA	DENOTITE WATER		-		AND THE RESIDENCE OF THE PARTY		85 Z	Zip Code
			0.4 750					
11. Pursuant I	to the provisions of Sections 607.0502 a red agent, or both, in the State of Florida	and 607.1508, Florida Statu I Such change was authori	ites, the abov	e-named corporporation's box	oration submits this statement for the pu and of directors. I hereby accept the ap	urpose of cha pointment as	inging its registere	·
tamiliar wi	Signalure typed or printed name of registrant agent a	A-AROW PA	Ites, the above the costs. PIGO OTE: Registered A	1	Q −. eccivifien redustating!	urpose of cha pointment as 26-65	inging its registere	registered of ad agent. I am
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6.4 CITY-S1-ZIP 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 caln; 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 or an attachment with an address.

6 1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

TITLE

STREET AUDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

2-21-95 407 495 0047

☐ Change

Addition

CR2E034 (12/95)