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SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # P93000067858 (9)

**1. Corporation Name
THE IMAGINATION CATERER & GRILL, INC.**

**Principal Place of Business Mailing Address
1381 NW 199 STREET MIAMI FL 33169 1381 NW 199 STREET MIAMI FL 33169**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/29/1993 3a. Date of Last Report 03/17/1994

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0439054	Applied For Not Applicable
21		26		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Suite, Apt. #, etc		Suite, Apt. #, etc		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
22		27		8. This corporation has liability for intangible tax under S. 195.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
City & State		City & State			
23		28			
Zip	Country	Zip	Country		
24		29			
	25		30		

**9. Name and Address of Current Registered Agent
FILINGS, INC.
3732 NW 16 STREET
FORT LAUDERDALE FL 33311**

10. Name and Address of New Registered Agent

81 Name	IVOR WILSON
82 Street Address (P.O. Box Number is Not Acceptable)	1381 NW 199th STREET
83	
84 City	MIAMI FL 85 \$3789

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 *Ivor Wilson* **Ivor Wilson** **President** **3/14/95**
(Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, IVOR	12 NAME	
STREET ADDRESS	1381 NW 199 STREET	13 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL 33169	14 CITY, ST, ZIP	
TITLE	D	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, MERLEY	22 NAME	
STREET ADDRESS	1381 NW 199 STREET	23 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL 33169	24 CITY, ST, ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, 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 110.07(3)(k), Florida Statutes. I further certify that the information indicated on the 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: *Ivor Wilson* **Ivor Wilson** **President** **3/14/95**
(Signature, typed or printed name of signing officer or director) DATE