

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:31

DOCUMENT # P93000077797 (7)

Corporation Name
LIGHTHOUSE POINT CATERING & DELI, INC.

Principal Place of Business

1810 N.E. 25TH STREET
LIGHTHOUSE POINT FL 33305

33064

Mailing Address

1810 N.E. 25TH STREET
LIGHTHOUSE POINT FL 33305

33064

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/04/1993

3a. Date of Last Report
07/15/1994

4. FEI Number
65-0455272

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

2. Principal Place of Business

21 *

Suite, Apt. #, etc.

22 *

City & State

23 *

Zip

Country

24 *

25 *

2a. Mailing Address

26 *

Suite, Apt. #, etc.

27 *

City & State

28 *

Zip

Country

29 *

30 *

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ESCOBAR, GLORIA
1810 N.E. 25TH STREET
LIGHTHOUSE POINT FL 33305

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

(Signature of person or persons named as registered agent and State if applicable)

(Signature of Registered Agent (signature required when not a corporation))

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
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96. CITY, ST, ZIP
97. TITLE
98. NAME
99. STREET ADDRESS
100. CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.01(2)(b), Florida Statutes. I further certify that the information supplied 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 667, Florida Statutes, and that my name appears in block 12 or 13 of this report or on an attachment with an address.

SIGNATURE:

Gloria Escobar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24/95 305 781-3377
DATE