FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:31

DOCUMENT # P93000077797 (7)

1. Corporation Name
LIGHTHOUSE POINT CATERING & DELI, INC.

Principal Place of Business
1810 N.E. 25TH STRET
LIGHTHOUSE POINT FL 33305
33064

Mailing Address
1810 N.E. 25TH STRET
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

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 33064 / 30

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 name(s) for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

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: (Typed or printed name of registered agent and title if applicable) (Registered Agent's signature required when changed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	ESCOBAR, GLORIA	12 NAME		
STREET ADDRESS	1810 N.E. 25TH STREET	13 STREET ADDRESS		
CITY ST ZIP	LIGHTHOUSE POINT FL 33305	14 CITY ST ZIP		
TITLE		21 TITLE		☐ Change ☐ Addition
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY ST ZIP		24 CITY ST ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I hereby certify that the information supplied with this filing 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 above or on an attachment with an address.

SIGNATURE: X Gloria Escobar — 4-24-95 — 305 781 3377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0107200 CP