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Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P94000019333 (1)
1. Corporation Name
STUBBEST CATERING, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 286 SW 1ST TER, STE 102, DEERFIELD BEACH FL 33441
Mailing Address: 286 SW 1ST TER, STE 102, DEERFIELD BEACH FL 33441

3. Date Incorporated or Qualified: 03/07/1994
4. FEI Number: 65-0480731
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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24) and Mailing Address (2a-30) fields with sub-headers for Suite, City & State, and Zip/Country.

9. Name and Address of Current Registered Agent: STUBBS, CARROL B JR, 600 SW 14 CT, DEERFIELD BEACH FL 33441

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code (FL).

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Table 12: OFFICERS AND DIRECTORS. Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include Stubbs, Carrol B and Stubbs, Cheyenne C.

Table 13: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Columns: 1.1-1.4 TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP; 2.1-2.4 TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP; 3.1-3.4 TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP; 4.1-4.4 TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP; 5.1-5.4 TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP; 6.1-6.4 TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP.

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Cheyenne C. Stubbs* Cheyenne C. Stubbs 4/17/98 (95) 251 2000

CR2E034 (10/97)