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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000052590 (4) DOCUMENT

A CREATIVE AFFAIR CATERING, INC.

FILED Mar 26 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 233 UNIVERSITY PARK DRIVE 233 UNIVERSITY PARK DRIVE WINTER PARK FL 32782 WINTER PARK FL 32782 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/11/1994 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 59-3253594 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8,75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zιp Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 DUCHEMIN, ROBERT A 201 SOUTH ORANGE AVENUE Street Address (P.O. Box Number is Not Acceptable) 62 SUITE 1015 R3 ORLANDO FL 32801 84 City Zip Code 85 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETÉ Change Addition 11 TITLE TITLE MCINTOSH, BYRON DR. 1.2 NAME NAME CRZEO34 3901 LAKE MIRAGE BOULEVARD STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32817 1.4 CITY - ST - ZIP CITY-ST-ZIF DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE __ DELET**e** 4.1 TITLE Change ■ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change __ Addition TITLE 5 t TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETÉ Change Addition 6.1 TITLE TITLE NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 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.