

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000062188 (5)

1. Corporation Name

CATERING BY ANTOINE, INC.



Principal Place of Business

8901 S.W. ORANGE GROVE DR.
FORT LAUDERDALE FL 33324

Mailing Address

8901 S.W. ORANGE GROVE DR.
FORT LAUDERDALE FL 33324

3. Date Incorporated or Qualified
08/23/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 3232 SW 2nd Avenue

Suite, Apt. #, etc.

22 BAY 105

City & State

23 Fort Lauderdale - FL

Zip

24 33315

Country

25 U.S.A.

2a. Mailing Address

26 3232 SW 2nd Avenue

Suite, Apt. #, etc.

27 BAY 105

City & State

28 Fort Lauderdale - FL

Zip

29 33315

Country

30 U.S.A.

4. FEI Number

65-0514307

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

9. Name and Address of Current Registered Agent

DUPONT, ANTOINE
8901 S.W. ORANGE GROVE DR.
FORT LAUDERDALE FL 33324

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 607.1506, 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 below of registered agent and then applicable

DATE Registered Agent Signature typed or printed below of registered agent

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
DUPONT, ANTOINE
STREET ADDRESS 8901 S.W. ORANGE GROVE DR.
CITY-ST-ZIP FT LAUDERDALE FL 33324

TITLE ☐ DELETE

NAME D
DUPONT, VINCENT
STREET ADDRESS 8901 S.W. ORANGE GROVE DR.
CITY-ST-ZIP FT LAUDERDALE FL 33324

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

☐ Change ☐ Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

☐ Change ☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

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 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTOINE DUPONT 04-20-96

CR2E034 (12/95)