

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P94000084092 (3)**

1. Corporation Name
H & D CATERING CORP.

Principal Place of Business P.O. BOX 8504 LONGBOAT KEY FL 34228 US	Mailing Address P.O. BOX 8504 LONGBOAT KEY FL 34228-8504 US
--	---



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/17/1994	3a. Date of Last Report 08/23/1996
21. Suite Apt. # etc.	26. Suite Apt. #, etc.	4. FEI Number APPLIED FOR 65-0535943		Applied For <input type="checkbox"/> Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent BASARIC, DINO 3485 WINDING OAKS DRIVE LONGBOAT 34 34228		10. Name and Address of New Registered Agent	
		81. Name BASARIC, DINO	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. 6549 MAGELLAN CT. #210	
		84. City SARASOTA	85. Zip Code FL 34243

11. Pursuant to the provisions of Sections 607.0532 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]* **DINO BASARIC** DATE: **JAN. 15 '97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASARIC, DINO	1.2 NAME	BASARIC, DINO
STREET ADDRESS	3485 WINDING OAKS DRIVE	1.3 STREET ADDRESS	6549 MAGELLAN CT. #210
CITY-ST-ZIP	LONGBOAT KEY FL 34228	1.4 CITY-ST-ZIP	SARASOTA, FL 34243
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCA-BASARIC, HAJRA	2.2 NAME	FRANCA-BASARIC, HAJRA
STREET ADDRESS	3485 WINDING OAKS DRIVE	2.3 STREET ADDRESS	6549 MAGELLAN CT. #210
CITY-ST-ZIP	LONGBOAT KEY FL 34228	2.4 CITY-ST-ZIP	SARASOTA, FL 34243
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	700002067787
STREET ADDRESS		6.3 STREET ADDRESS	-01/24/97--01027--033
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***165.00

14. I do 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: *[Signature]* **DINO BASARIC -0** DATE: **JAN. 15 '97** DAYTIME PHONE: **941 7393835**

CR2E034 (9/96)