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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

P95000001761 (2) DOCUMENT # 1. Corporation Name

COZY PET CATERING INC.



Principal Place of Business		Mailing Address			
7203 S.W. 4TH COURT NORTH LAUDERDALE FL 33068		7203 S.W. 4TH COURT NORTH LAUDERDALE FL 33068			
<b>9</b> Division				3. Date incorporated or Qualified 01/05/1995	3a. Date of Last Report
2. Principal Place of	f Business	2a. Mailing Address		4. FEI Number	Applied For
21 Suite Aut & ste		26		15-0242368	Not Applicable
Suite, Apt. #, etc.		Suite Apt #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		Crty & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in	ntangible tax under s. 199.032.
24	Name and Address at C	29	30	Florida Statutes 💢 Yes	
<u> </u>	Name and Address of Curren	it Registered Agent		10. Name and Address of New Re	egistered Agent
FORDIN, O	NAMES!		81 Name		
	4TH COURT		82 Street Add	dress (P.O. Box Number is Not Acceptable	e)
	UDERDALE FL 33068				
HONITI LA	ODERDALE PL 33008		83		
			<b>84</b> City		<b>85</b> Zip Code
44.0		···· ,			
Or registered age	provisions of Sections 607,050.2 ent, or both, in the State of Florid	t and 607.1508, Florida Stat La Such change was autho	tutes, the above named corporate to	oration submits this statement for the purporation directors. Thereby accept the appo	ose of changing its registered office
familiar with, and	d accept the obligations of, Secti	un 607.0505, Florida Statu	tes	and or unectors. Thoreby accept the appoi	intment as registered agent. Fam
SIGNATURE					
Signatin	re, typest or protectment, of registered agric :		(NOTE: Registered Agent Signatura reserv		ÇIAT <u>I</u> .
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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 Stafutes; and that my name appears in Block 12 or Block 13 if changed, or or an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytine Phone #