

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION  
ANNUAL REPORT  
1996**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 SEP -9 AM 10:23

**DOCUMENT # P95000055791 (4)**  
1. Corporation Name  
**FEEDING WELL CATERING, INC**



Principal Place of Business Mailing Address  
**14565 S.W. 75 ST.  
MIAMI FL 33183** **14565 S.W. 75 ST.  
MIAMI FL 33183**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		07/17/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied for Not Applicable
22		27		65-0603548	
City & State		City & State		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
<b>AGARWAL &amp; AGARWAL, P.A. 930 WAHSINGTON AVE, #206 MIAMI BEACH FL 33139</b>				81	Name			<del>COMPREHENSIVE BUSINESS SERVICES</del>
				82	Street Address (P.O. Box Number is Not Acceptable)			PIERRE CHARLES
				83	City			7001 BISCAYNE BLVD, 1ST FL.
				84	City	FL	85	Zip Code

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]* DATE: 8/2/96.

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP
	PRESIDENT	MARIE M. DAVIN	14565 SW 75 ST MIAMI FL 33183			100001950101	
						-09/18/96-01029-010	
						****225.00	****225.00
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	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)(b), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Marie M. Davin* PRESIDENT 8-2-96

CR2E034 (3/96)