FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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Mar 13 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 # **P95000058179 (9)**

1. Corporate Name
RB CATERING SERVICES, INC.

Principal Place of Business
1301 10TH STREET
LAKE PARK FL 33403

Mailing Address
1301 10TH STREET
LAKE PARK FL 33403-2034

2. Principal Place of Business
21 |
Suite, Apt. Number
22 |
City & State
23 |
Zip | County
24 | 25 |

2a. Mailing Address
26 | 4360 NORTHLAKE BLVD
Suite, Apt. Number
27 | #205
City & State
28 | PALM BCH GARD
Zip | Country
29 | 33410 | 30 | USA

3. Date Incorporated or Qualified: **07/25/1995**
3a. Date of Last Report: **05/01/1996**
4. FEI Number: **65-0608534** | 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
WASHOFSKY, MARTIN E
4360 NORTH LAKE BLVD
SUITE 205
PALM BEACH GARDENS FL 33410

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 Section 607.1502 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 duties of, Section 607.0505, Florida Statutes.

SIGNATURE (If changing Registered Agent, signature of new agent required) DATE

12. OFFICERS AND DIRECTORS

1 TITLE	PD	☐ DELETE
1 NAME	HUDSON, ANGELA	
1 STREET ADDRESS	1301 10TH STREET	
1 CITY-ST-ZIP	LAKE PARK FL 33403	
2 TITLE		☐ DELETE
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		☐ DELETE
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		☐ DELETE
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ DELETE
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		☐ DELETE
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		☐ Change ☐ Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		☐ Change ☐ Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		☐ Change ☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		☐ Change ☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

CR2E034 (9/96)

14. To the best of my knowledge, 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 report or supplemental financial 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 with an address, with the exception of an officer or director whose business address is different from the address of the principal place of business.

SIGNATURE: Angela K. Hudson ANGELA K. HUDSON 2/28/97 561 694-2403
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0297144