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

Jun 02 1998 8:00am PROFIT ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P95000082389 (4) J.C. CATERING, INC. Principal Place of Business Mailing Address 2043 PARK PLACE 2043 PARK PLACE **BOCA RATON FL 33486 BOCA RATON FL 33486** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/23/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 Not Applicable 26 65-0618949 Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Ζiρ Country Country Zψ 8. This corporation owes or has paid the current year Intangible Yes ∏ No 24 Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Namo BENLIAN, JO-ANN 2043 PARK PLACE Street Address (P.O. Box Number is Not Acceptable) 82 **BOCA RATON FL 33486** 83 84 City Zip Code 85 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and the if applicable (NOTE Registered Agent signature required when reinstating) (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE ___ Change **BENLIAN, JO-ANN** 1.2 NAME NAME CR2E034 2043 PARK PLACE 1.3 STREET ADDRESS STREET ADORESS BOCA RATON FL 33486 1.4 CITY - ST - 7IP CITY-ST-ZIP Change DELETE Addition 2.1 THLE TITLE 2.2 NAME **BENLIAN, WALTER** NAME 2043 PARK PLACE 2.3 STREET ADDRESS STREET ADDRESS **BOCA RATION FL 33486** CITY-ST-ZIP 2.4 CITY - ST-ZIP DELETE Change Addition TITLE 3 1 THE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DLLETE Change Addition 411016 TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 C(1Y-ST-ZIP

CITY-ST-ZIP 64 CITY-S1-ZIP 14. Thereby 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 supplicmental namual 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 trusted 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 open attriction with an address.

5.1 TITLE 5.2 NAME

6.1 THEE

6.2 NAME

5.3 STREET ADDRESS 5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

DELETE

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TITLE NAME

CITY-ST-ZIP

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Change

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