

**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.)**

**APPROVED  
AND  
FILED**

96 SEP -5 AM 11:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P95000083299 (4)**

1. Corporation Name  
**A PERSONAL TOUCH CATERING, INC.**



Principal Place of Business Mailing Address  
**951 NW 201 ST.  
MIAMI FL 33169**

3. Date Incorporated or Qualified: **10/26/1995**  
 3a. Date of Last Report: [ ]  
 4. FEI Number: **65-0617411** 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 [X] No

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip Country 28 Zip Country  
 24 25 29 30

9. Name and Address of Current Registered Agent  
**RONALD L. BOOK, P.A.  
2999 NE 191 ST., PH 6  
AVENTURA FL 33180**

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 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 \_\_\_\_\_ (DATE) \_\_\_\_\_  
 Signature (typed or printed name of registered agent and title in parentheses) (DATE) Registered Agent signature required when registering

12. OFFICERS AND DIRECTORS  
 TITLE [ ] DELETE  
 NAME **PRESIDENT ELAWE ANN HENRY**  
 STREET ADDRESS **951 NW 201 STREET MIAMI FL 33169**  
 CITY-ST-ZIP  
 [ ] DELETE  
 [ ] DELETE  
 [ ] DELETE  
 [ ] DELETE  
 [ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
 [ ] Change [ ] Addition  
 11 TITLE  
 12 NAME  
 13 STREET ADDRESS  
 14 CITY-ST-ZIP [ ] Change [ ] Addition  
 21 TITLE  
 22 NAME  
 23 STREET ADDRESS  
 24 CITY-ST-ZIP [ ] Change [ ] Addition  
 31 TITLE  
 32 NAME  
 33 STREET ADDRESS  
 34 CITY-ST-ZIP [ ] Change [ ] Addition  
 41 TITLE  
 42 NAME  
 43 STREET ADDRESS  
 44 CITY-ST-ZIP [ ] Change [ ] Addition  
 51 TITLE  
 52 NAME  
 53 STREET ADDRESS  
 54 CITY-ST-ZIP [ ] Change [ ] Addition  
 61 TITLE  
 62 NAME  
 63 STREET ADDRESS  
 64 CITY-ST-ZIP [ ] Change [ ] Addition

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)(k), 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 in an attachment with address \_\_\_\_\_

SIGNATURE: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: **1/28/96**  
 305-651-5126  
 0061227 CP

CR2E034 (3/96)