

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

DOCUMENT # P95000087999 (5)

1. Corporation Name

TISKO CATERING, INC.



Principal Place of Business

15970 WEST STATE ROAD 84, SUITE 108
SUNRISE FL 33326

Mailing Address

15970 WEST STATE ROAD 84, SUITE 108
SUNRISE FL 33326

3. Date Incorporated or Qualified
11/16/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

81 Name

Essential Professional Services Inc

82 Street Address (P.O. Box Number is Not Acceptable)

15970 W. State Rd 84, Ste 108

83

84 City

H. Lauderdale

FL

85 Zip Code
33326

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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

Evelyn Delmas (president)

(Signature of Registered Agent or person authorized to register)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
PSTD
MARTINEZ, JENNY
15970 WEST STATE ROAD 84, SUITE 108
SUNRISE FL 33326

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

2. TITLE
2. NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

3. TITLE
3. NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

4. TITLE
4. NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5. TITLE
5. NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6. TITLE
6. NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

Change Addition

500001870775
-06/21/96--01024--043
***200.00

400001870775
-06/21/96--01024--043
***200.00

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 supplement(s) 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sandra B. Mortham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)