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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9600002453 (4)

SIGNATURE CATERERS, INC.

Principal Place of Business

16145 AURA LN

Mailing Address

16145 AURA LN

## **FILED** May 14 1997 8:00am Secretary of State



BOKEELIA FL 33922	BOKEELIA FL 33922-1633			
	• • • • • • • • • • • • • • • • • • •	44 m + 5		3a. Date of Last Report
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
11 2628 SE 19+h PL	26 2628 SE	19+h PL	65-063309	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	•	5. Certificate of Status Dosired	\$8.75 Additional Fee Required
City & State  Cape Conal, FL	City & State  28 Cape Con	.0 FI	6. Election Campaign Financing	\$5.00 May Be
Zip Country	28 Cape Con	Country	1rust Fund Contribution     8. This corporation has liability for in	Added to Fees Nancible tax under s. 199 032
24 33904 25	29 33904	30		Yes 📈 No
9. Name and Address of C	Current Registered Agent		10. Name and Address of New Reg	istered Agent
POUND, EUGENE W		81 Name		
16145 AURA LN		82 Street Addr	ess (P.O. Box Number is Not Acceptable	0)
BOKEELIA FL 33922		26	28 SF 19TH P	
		83		
		84 City 7		85 Zip Code
		' (a	ipe Conal	FL   3300#
<ol> <li>Pursuant to the provisions of Sections 60 office or registered a feat, or both, in the agent. I am familiar with, and accept the</li> </ol>	07.0502 and 607.1506. Florida Statuto o State of Florida, Such change was a	s, the above-named corp	odration submits this statement for the pu	rpose of changing its registered
agent. I am familiar with, and accept the	obligations of Section 107.0505, Flor	da Statules.	accept	appointment as registered
SIGNATURE 711(521)	e w pow		-	129191
		Registered Agent signature requi		DATE
12. OFFICER	RS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME POUND, EUGENE W	E out h	1.1 TITLE		A Change
STREET ADDRESS 16145 AURA LN		12 NAME		
DONECLIA EL 22022		1.3 STRLET ADDRESS	LUZE SE 19TH PL	770-1
CITY-ST-ZIP DONECLIA PL 33922	DLLETF	1.4 City - S1 - ZIP 2.1 Tale	2628 SE 19TH PL Cape Conal, FL	Change Addition
NAME	occu	2.2 NAME	·	Chargo C Addition
STREET ADDRESS		2.3 STHEFT ADDRESS		
CITY-ST-ZIP				
TITLE	DELETE	2 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-SI-ZIP		3.4. CITY-ST-7IP		
TITLE	☐ DELFTE	4.1 TITLE		Change Addition
;	<del></del>	4. 2 NAME		
NAME I				
· ·		4.3 STREET ADDRESS		
STREET ADDRESS		4.3 STREET ADDRESS		
STREET ADDRESS  GITY-ST-ZIP	DELETE	4.3 STREET ADDRESS 4.4 CITY- ST-ZIP 5 1 TITLE		Change Addition
STREET ADDRESS	DELETE	4.4 CITY - ST - ZIP		☐ Change ☐ Addition
STREET ADDRESS  GITY-ST-ZIP  TITLE	DELETE	4.4 CHY-ST-7/P 5.1 TITLE		Change Addition
STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS	DELETE	4.4 CHY-ST-ZIP 5.1 TIPLE 5.2 NAME 5.3 STREET ADDRESS		Change Addition
GITY-ST-ZIP TITLE NAME	DELETE DELETE	4.4 CITY-ST-ZIP 5.1 TIDLE 5.2 NAME		Change Addition
STREET ADDRESS  GITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP		4.4 CHY-S1-ZIP 5.1 TIPLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CHY-S1-ZIP		
STREET ADDRESS  GITY-ST-ZIP  TITLE  NAME STREET ADDRESS  CITY-ST-ZIP  TITLE		4.4 CHY-ST-ZIP 5.1 TIPLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CHY-ST-ZIP 6.1 TIPLE		
STREET ADDRESS  GITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE  NAME		4.4 CITY-ST-ZIP 5.1 TIPLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TIPLE 6.2 NAME		