

8-13 97 B-8176 C  
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Aug 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 # P96000062788 (0)

1. Corporation Name

METRO CATERING TAMPA, INC.

Principal Place of Business

Mailing Address

2514 W. KENNEDY 602 S. Boul.  
TAMPA FL 33609 Tampa FL 33606

2514 W. KENNEDY 602 S. Boulevard  
TAMPA FL 33609-3306 Tampa, FL 33606



2. Principal Place of Business 21 602 S. Boulevard Suite, Apt. #, etc. 22 City & State 23 Tampa FL Zip 24 33606 Country		2a. Mailing Address 26 602 S. Boulevard Suite, Apt. #, etc. 27 City & State 28 Tampa FL Zip 29 33606 Country		3. Date Incorporated or Qualified 07/26/1996		3a. Date of Last Report	
				4. FEI Number 59-3390447		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

CAPITAL CONNECTION, INC.  
417 E. VIRGINIA ST., SUITE 1  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
HENRY W. HICKS  
602 S. Boulevard  
Tampa  
FL 33606

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/2/97

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DT	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HELFRIKH, SHANNON			1.2 NAME			
STREET ADDRESS	2514 W. KENNEDY			1.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33609			1.4 CITY-ST-ZIP			
TITLE	Pres. Dir.	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JOHN TERCZAK			2.2 NAME			
STREET ADDRESS	610 Henry W. Hicks			2.3 STREET ADDRESS			
CITY-ST-ZIP	602 S. Boul. Tampa, FL 33606			2.4 CITY-ST-ZIP			
TITLE	VP Dir	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HENRY W. HICKS			3.2 NAME			
STREET ADDRESS	602 S. Boulevard			3.3 STREET ADDRESS			
CITY-ST-ZIP	Tampa FL 33606			3.4 CITY-ST-ZIP			
TITLE	Jose D. Lodeiro	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	4600 N. HABANA AVE.			4.2 NAME			
STREET ADDRESS	570 12 Tampa FL 33614			4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

H. W. Hicks

HENRY W. HICKS

8-13-97

CR2EM4 (c)