


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

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Apr 08 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 # P96000068473 (3) 1. Corporation Name CRITICS CHOICE CATERING, INC.					
Principal Place of Business 16748 TEQUESTA TRAIL CLERMONT FL 34711			Mailing Address 16748 TEQUESTA TRAIL CLERMONT FL 34711 5795 W. HWY 192 KISSIMMEE, FL 34746		
2. Principal Place of Business 21 5795 W. HWY 192 Suite, Apt. #, etc.		2a. Mailing Address 26 SAME Suite, Apt. #, etc.		3. Date Incorporated or Qualified 08/14/1996	
22 City & State KISSIMMEE, FL 34746		27 City & State		3a. Date of Last Report NEW COMPANY	
23 Zip 34746		28 Country OSCEOLA		4. FEI Number 59-3395445	
24 Country OSCEOLA		29 Zip 34746		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 Country OSCEOLA		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent MOES, BRIAN F 1511 E. RIDGEWOOD ST. ORLANDO FL 32803			10. Name and Address of New Registered Agent 81 Name JAMES GALLAGHER 82 Street Address (P.O. Box Number is Not Acceptable) 16748 TEQUESTA TRAIL 83 84 City CLERMONT FL 85 Zip Code 34701		
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 <i>James F. Gallagher</i> DATE 4/3/97 <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS TITLE OWNER / PRESIDENT <input type="checkbox"/> DELETE NAME JAMES GALLAGHER STREET ADDRESS 16748 TEQUESTA TRAIL CITY-ST-ZIP CLERMONT, FL 34711			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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: <i>James F. Gallagher</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			REQUIRED 4-2-97 407-259-439 <small>Date Daytime Phone #</small>		

CR2E034 (9/96)