

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

FILED  
May 01 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 # P96000077679 (4)

1. Corporation Name

SEASONS HARVEST CATERING, INC.

Principal Place of Business

801 N. MAGNOLIA AVENUE  
SUITE 201  
ORLANDO FL 32803

Mailing Address

801 N. MAGNOLIA AVENUE  
SUITE 201  
ORLANDO FL 32803

3. Date Incorporated or Qualified

09/17/1996

3a. Date of Last Report

n/a

2. Principal Place of Business

21 20 E. Washington St.

2a. Mailing Address

26 20 E. Washington Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Orlando, FL 32801

City & State

28 Orlando, Florida

Zip

32801

Country

25 U.S.A.

Zip

29 32801

Country

30 U.S.A.

4. FEI Number

59-3405078

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

☐

No

9. Name and Address of Current Registered Agent

ABRAMS, LEHN E  
801 N. MAGNOLIA AVE.  
SUITE 201  
ORLANDO FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME EISEN, ADAM  
STREET ADDRESS 1783 VIA PALERMO  
CITY-ST-ZIP WINTER PARK FL 32789

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE D/P ☐ Change ☐ Addition

12 NAME Eisen, Adam  
13 STREET ADDRESS 20 E. Washington Street  
14 CITY-ST-ZIP Orlando, FL 32801 ☐ Change ☐ Addition

21 TITLE ☐ Change ☐ Addition

22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption from filing an annual report or supplemental annual report is true and accurate. I am an officer or director of the corporation or the receiver or trustee empowered to execute the provisions of the Florida Statutes, and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

I further certify that the same legal effect as if made under oath, that I, Florida Statutes, and that my name

CR2E034 (9/96)

