SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

FILED

97 SEP -9 AM 8:41



OFCH THEY OF CTATE

DOCUMENT # P9600085069 (8) SPECIAL EVENTS CATERING COMPANY			TALLAHASSEE, FLORIDA	
Principal Place of Business	Mailing Address			
200 SOUTH DISCAYNE BLVD-	200 SOUTH BISCATNE BL	VD		
WHAT TE OSTOTOWN 24th STREET		L. W. street	DO NOT WRITE IN TH	IS SPACE
MIAMI/PL 33172	# 8944 NW 2 MIAMI , PC	33172	3. Date incorporated or Qualified 3a. 10/15/1996	Date of Last Report
2. Principal Piece of Business 21 8944 NW 24th Street	28. Mailing Address 26. 8944 NW 2		4. FEJ Number 65 - 06 99998	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 MIAMI, FL	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 24 33172 25 USA		Country 30 VSA	This corporation owes or has paid the englishment Personal Property Tax due June 30.	Yes No
9. Name and Address of Current CORPORATION SERVICE COMPANY	 _	81 Name	10. Name and Address of New Registere	od Agent
1201 HAYS STREET	ſ			
TALLAHASSEE FL 32301-2525		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
•		83		
•		84 City	F	85 Zip Code
 Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation 	of Fiorida. Such change was au	athorized by the corporal	poration submits this statement for the purpose lion's board of directors. I hereby accept the a	of changing its registered ippointment as registered
SIGNATURE				
Signature, typed or printed name of registered agent 12. OFFICERS AND		Registered Agent signature requir	ADDITIONS/CHANGES TO OFFICERS A	
	DELETE	1.1 TITLE		ND DIRECTORS IN 12 Change Addition
NAME 8444 NW 244 ST	reet	1.2 NAME	800002288	3888B
MIAMA RE 2 23		1.3 STREET ADDRESS	-09/10/97	
TITLE THE THE THE STATE OF THE	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	<u> </u>	****165.00
NAME	C) Marie	2.2 NAME		change
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE	☐ DELETE	3 1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		☐ Change ☐ Acidition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS	61-	M
CITY-ST-ZIP	☐ DELETE	5.4 CITY - ST - ZIP	7	10 1 Channe
TITLE		61 TATLE	9-1	L Cliarige L Aboution
NAME Street address		6.2 NAME 6.3 STREET ADDRESS	•	
CITY-ST-ZIP		6.4 CITY-ST-ZIP		
14. I do hereby certify that the information supplied	with this tiling sloos not qualify		in Section 119.07(3)(i), Florida Statules, I furt	her certify that the

the exemption stated in section 19.07(3)(i), nonical statules. Frurther certify into the first the first exemption of the first statutes and that my signature shall have the same legal effect as if made under eath; that it execute this report as required by Chapter 607, Florida Statutes; and that my name information indicated on this annual rope or s I am an officer or director of the corporation appears in Block 12 or Block 13 if channel

205-592-1311



FOR THE RESERVE OF THE PARTY OF



MEMORANDUM

To:

Division of Corporation

From:

Eugene Singletary

Date:

09/03/97

Re

Annual Report Filing: Special Events Catering

Please note that we have changed our address and did not receive the first notice regarding the Corporation Annual Report.

We would appreciate if you could waive the late fee charge.

Thank you,

Sincerely.

8944 N.W. 24 Terrace Miami, Florida 33172 Phone: (305) 592-1311 Fax: (305) 599-1013