


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000096236 ✓
1. Corporation Name
SEASON'S CAFE AND CATERING, INC.

FILED
Jul 16, 1999 8:00 am
Secretary of State
07-16-1999 90011 001 ***550.00

Principal Place of Business
2219 WHITNEY PL
VALRICO FL 33594
US

Mailing Address
2219 WHITNEY PL
VALRICO FL 33594
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/01/1997

4. FEI Number
59-3571338

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 owes the current year Intangible Personal Property.
Yes No

Principal Place of Business
1903 E State Rd. W E
Suite, Apt. #, etc.
City & State
Valrico, FL
Zip
33594
Country
USA

2a. Mailing Address
P.O. Box 1614
Suite, Apt. #, etc.
City & State
Valrico, FL
Zip
33595
Country
USA

9. Name and Address of Current Registered Agent
GOREN, BRUCE
2219 WHITNEY PL
VALRICO FL 33594

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

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

PTD
GREEN, BRUCE M
2219 WHITNEY PL
VALRICO FL 33594

VSD
GOREN, MARCIA K
2219 WHITNEY PL
VALRICO FL 33594

GOREN, BRUCE M.

CR2E034 (5/99)

I 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 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 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
7/9/99 (813) 684-3067
Date Daytime Phone #