

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

**FILED**  
**Apr 29 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P97000051230 (5)**  
 1. Corporation Name  
**S. W. CATERERS, INC.**



Principal Place of Business Mailing Address

**% ROBERT PISACANO**  
**2980 CARGO ST.**  
**FT.MYERS FL 33901**

**% ROBERT PISACANO**  
**2980 CARGO ST.**  
**FT.MYERS FL 33901**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address

21 **SW Caterers** 26 **SW Caterers**

22 **2980 Cargo St.** 27 **2980 Cargo St**

23 **Ft. Myers FL** 28 **Ft. Myers FL**

24 **33916** 25 **USA** 29 **33916** 30

3. Date Incorporated or Qualified  
**06/09/1997**

4. FEI Number **65-0757594** 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 or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**PISACANO, ROBERT**  
**2980 CARGO ST.**  
**FT.MYERS FL 33901**

10. Name and Address of New Registered Agent

81 Name **Stephen Disclafani**

82 Street Address (P.O. Box Number is Not Acceptable)  
**2980 Cargo St.**

83

84 City **Ft Myers** FL 85 Zip Code **33916**

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 *Stephen Disclafani* DATE **4/13/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>P/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PISACANO, ROBERT</b>	1.2 NAME	<b>Disclafani, Stephen</b>
STREET ADDRESS	<b>2980 CARGO ST.</b>	1.3 STREET ADDRESS	<b>2980 Cargo St.</b>
CITY-ST-ZIP	<b>FT.MYERS FL 33901</b>	1.4 CITY-ST-ZIP	<b>Ft. Myers, FL 33916</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>V.P./M</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DISCLAFANI, STEPHEN</b>	2.2 NAME	<b>Ouellette, David</b>
STREET ADDRESS	<b>2980 CARGO ST.</b>	2.3 STREET ADDRESS	<b>2980 Cargo St.</b>
CITY-ST-ZIP	<b>FT.MYERS FL 33901</b>	2.4 CITY-ST-ZIP	<b>Ft. Myers FL 33916</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<b>Sec/Tres.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>Humphrey, Edwin E</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>2980 Cargo St.</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>Ft. Myers FL 33916</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		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 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 *Stephen Disclafani* **1-5-98 (941) 337-2311**

CR2E034 (10/97)