FILED Apr 05, 1999 8:00 am Secretary of State

04-05-1999 90011 048 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P97000058338

1. Corporation Name

PINKY'S FAMOUS CATERING INC.

	•						
Principal Place of Business Mailing Address							( 1851186) IVE 18111 (2311 2311) 2511 3311 3311 3311
165 70 NE 26TH AVENUE #2A-S 21065 POWERLINE RD							
4A			4A				
			CA RATON FL 33433	ON FL 33433			DO NOT WRITE IN THIS SPACE
us us							3. Date Incorporated or Qualifed
			_	_			07/01/1997
	lace of Business	2a.	Mailing Address				4. FEI Number - Applied For
21		26		_			65-0767053 Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired   \$8.75 Additional
22			27				Fee Required
City & State			City & State				6. Election Campaign Financing \$5.00 May Be
23		28					Trust Fund Contribution Added to Fees
Zip				$\overline{}$	intry		8. This corporation owes the current year Intangible
24	25	29		30			Personal Property Tax. Yes No
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent
545	ZINO LLOVO				81	Name	
PARKINS, LLOYD					82 Street Address (P.O. Box Number is Not Acceptable)		
	70 NE 26TH AVENUE #2A-S					_	
NOR	TH MIAMI BEACH FL 33160				83		
					84	City	85 Zip Code
					5	City	FL   o   - F   o
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							cruired when reinstating) DATE
	Signature, typed or printed name of registered age OFFICERS AN			: Registered	Agen	t signature requ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AN	ID DIKE	☐ DELETE	1.1 TI	пЕ		Change Addition
TITLE	PINCUS, BRUCE			1.2 N/			
NAME I	165 70 NE 26TH AVENUE #2#						
STREET ADDRESS						ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 3316	DU	C) perere	1.4 CF		r-ZiP	☐ Change ☐ Addition
TITLE	P		☐ DELETE	2.1 Ti			
NAME	PARKINS, LLOYD		-	2.2 N			
STREET ADDRESS	165 70 NE 26TH AVENUE #2			2.3 \$1	ree1	ADDRESS	
'CITY-ST-ZIP	NORTH MIAMI BEACH FL 3310	5U		2.40		T-ZIP	Change ☐ Addition
TITLE	· — — — — — — — — — — — — — — — — — — —		3.1 Π			☐ Change ☐ Addition	
NAME				3.2 N	ME		
STREET ADDRESS				3.3 ST	TREE1	ADDRESS	
CITY-ST-ZIP				3.4. C	_	T-ZIP	
TITLE				4.1 11	TLE		☐ Change ☐ Addition
NAME		•		4.2 N	AME		
STREET ADDRESS	_			4.3 \$1	REET	ADDRESS	
CITY+ST-ZIP				4,4 CI	TY-S	T-ZIP	
TITLE			☐ DELETE	5.1 TI	TLE		☐ Change ☐ Addition
NAME				5.2 N	AME		•
STREET ADDRESS				5.3 ST	TREET	ADDRESS	
CITY-ST-ZIP				5.4 CI	TY-S	r-zip	
TITLE			☐ DELETE	6.1 Π	πE		☐ Change ☐ Addition
NAME				6.2 N	ME		
STREET ADDRESS				6.3 ST	REET	ADDRESS	•

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, with all other like empowered.

6.4 CITY-ST-ZIP

**SIGNATURE** 

CITY-ST-ZIP