

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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90166 009 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000073081

1. Corporation Name
MUNCHKIN CATERERS, INC.



Principal Place of Business 2775 EAST OAKLAND PARK BLVD SUITE 10 FORT LAUDERDALE FL 33308	Mailing Address 4750 OAKES RD., STE M DAVIE FL 33314
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 11447 W Oakland PK Blvd		2a. Mailing Address 11447 W Oakland PK Blvd		3. Date Incorporated or Qualified 08/22/1997	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0781675	
22 City & State Surprise Fla		27 City & State Surprise Fla		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip 33323		28 Zip 33323		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country BR		29 Country BR		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent HENDERSTEIN, HARVEY 16941 SW 4TH COURT FORT LAUDERDALE FL 33326		10. Name and Address of New Registered Agent	
		81 Name Arnold Rosenthal	
		82 Street Address (P.O. Box Number is Not Acceptable) 5558 Pines Circle	
		83 City & State Coral Springs 33067	
		84 City & State Coral Springs FL	
		85 Zip Code 33067	

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 **Frances Hamlin Pres** **FRAN HAMLIN** **4/30/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VD	<input type="checkbox"/> DELETE	1.1 TITLE FRANCES Hamlin Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HAMLIN, FRAN		1.2 NAME 7419 Fairfax Drive	
STREET ADDRESS 7419 FAIRFAX DRIVE		1.3 STREET ADDRESS Tamarac Fla 33321	
CITY-ST-ZIP TAMARAC FL 33321		1.4 CITY-ST-ZIP	
TITLE PSTD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE Tres. Sec	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HENDERSTEIN, HARVEY		2.2 NAME ARNOLD Rosenthal	
STREET ADDRESS 16941 SW 4TH COURT		2.3 STREET ADDRESS 5558 Pines Circle	
CITY-ST-ZIP FORT LAUDERDALE FL 33326		2.4 CITY-ST-ZIP Coral Springs 33067	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE: **Frances Hamlin** **FRANCES HAMLIN** **4/30/99** **954 749-6964**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)