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





FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P97000076806 (3)

JV'S CATERING, INC.

## FILED Mar 18 1998 8:00am Secretary of State

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Principal Place of Business Mailing Address			F CONLIMENT (AR ADVIS CODES DEVIL CONTRACTOR DEVIL FOR AND A CONTRACTOR DEVIL FOR A	i Arige intri Adrill Artı rêdi			
4385 ARBOR WAY 4385 ARBOR WAY			•				
PALM BEACH GARDENS FL 33410 PALM BEACH GARDE		PALM BEACH GARDENS F	L 33410	DO NOT WRITE IN THIS S	PACE		
				3. Date Incorporated or Qualified	PLACE		
				09/05/1997			
2. Principal P	lace of Business	2a, Mailing Address		4. FEI Number	Applied For		
21 26			65-0777700	Not Applicable			
Suite, Apt. #, etc. Suite, Apt. #, etc.				\$8.75 Additional			
22 27			5. Certificate of Status Desired Fee Required				
City & State City & State		City & State		6. Election Campaign Financing	\$5.00 May Be		
23		28		Trust Fund Contribution	Added to Fees		
Zip	Country	Zıp	Country	8. This corporation owes or has paid the curr	ent year Intangible		
24	25		10		Yes No		
	9. Name and Address of C			10. Name and Address of New Registered A	igent		
FINANCIAL FOUNDATIONS, INC.							
284	I3 THAXTON DR #37		82 Street Ad	lakess (P.O. Bax Number is Not Acceptable)			
PAI	LM HARBOR FL 34684		430	SS ARBOR WAV			
			83		•		
			84 City		85 Zip Code		
			Pali	M BEACK GARDENS FL	33410		
11. Pursuant	to the provisions of Sections 60	7.0502 and 607.1508, Florida Statules	, the above-named co	prporation submits this statement for the purpose of	changing its registered		
agent. La	egistered agent, or both, in the in jamiliar with and account the	obligations of, Section 607.0565, Flori	da Statutes:	ation's board of directors. I hereby accept the appo	ointment as registered		
SIGNATURE	MA Pilo		un Vil	LEAN A/	£		
Olorottorie	Signal , typed or printed name of spiste	ered agent and title if applicable (NOTE	Registered Agent signature rec				
12.	OFFICER	RS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND			
TITLE	P	L DELETE	1.1 TITLE		Change Addition		
NAME	VARGAS, JOHN P		1.2 NAME				
STREET ADDRESS	4385 ARBOR WAY		1.3 STREET ADDRESS				
CITY-ST-ZIP	PALM BEACH GARDENS		1.4 CITY-ST-2IP				
TITLE	VP	OELETE	2.1 TITLE		Change 4 Addition		
NAME	VARYELSON	الد والمرة	2.2 NAME				
Street address	4383 ARBOR A	249	2.3 STREET ADDRESS				
CITY-ST-ZIP	VARGES SUS 4385 ARBOR A PAIM BLACK	JAROLINS F1 33410	2.4 CITY+ST-ZIP				
TITLE		フ LJ DELETE	3.1 TITLE		Change  Addition		
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY - ST - ZIP				
TITLE		☐ DELETE	4.1 TITLE		Change Addition		
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP		F-1	4.4 CITY - ST - ZIP				
TITLE		☐ DELETE	. 5.1 TITLE	l	Change Addition		
NAME			5.2 NAME	n			
STREET ADDRESS			5.3 STREET ADDRESS	$\mathcal{L}$ ,			
CITY-ST-ZIP		<b>—</b>	5.4 CITY-ST-ZIP	7112	7		
TITLE		☐ DELETE	6.1 TITLE	<b>ツ</b> バング//	Change Addition		
NAME			6.2 NAME	(, M . ,	at		
Street Address			6.3 STREET ADDRESS	<u> </u>	とえて		
CITY-ST-ZIP			6.4 CITY-ST-ZIP	De			
indicated of	on this annual report or suppler	mental annual report is true and accur.	ate and that my signat	n Section 119.07(3)(i), Florida Statutes. I further cert	er oath: that I am an		
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							
BIOCK 12 C	אסטום איז crianged, or on ar	i ayechmeni wiin an address.	1				