**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000083970

1. Corporation Name

**VECCHIO CATERING, INC.** 

Principal Place of Business

Mailing Address

3157 NORTH 34TH STREET

3157 NORTH 34TH STREET

## FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90044 016 \*\*\*150.00



HOLLYWOOD F	HOLLYWOOD FL 33021-4			DO NOT WRITE IN THIS SPACE					
					3. Date Incorporated or Qualifed 09/29/1997				
2. Principal Pl	ace of Business	2a. Mailing Address		· · · · · · · · · · · · · · · · · · ·	4. FEI Number			Applied For	ſ
21		26		65-0792541			Not Applica	ble	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired			<b>75</b> Additiona e Required	'	
City & State	a	City & State			6. Election Campaign Financing		\$5	<b>00</b> May Be	
23	-	28	_		Trust Fund Contribution			led to Fees	.
Zip	Country	Zip	Country		8. This corporation owes the curre	nt year Inta	ngible		$\neg$
24	25	29 30	]		Personal Property Tax.		Yes	□No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Ro	gistered /	\gent		
		•	81	Name					- 1
	CHIO, RICAHRD M		82	Stroot Add	Iress (P.O. Box Number is Not Acceptal	ole)			$\dashv$
3157 NORTH 34TH STREET				Olleet Add	1703 (F.O. Box Hallibor to Hot Floorpain	,,,,			
HOL	LYWOOD FL 33021		83						
	•						1221	7:- Cada	
			84	City		FL	85	Zip Code	
office or re agent. I a	egistered agent, or both, in the State of familiar with, and accept the obligation.	of Florida. Such change was autho	orized by	tne corporati	poration submits this statement for the p ion's board of directors. I hereby accept	the appoir	tment a	is registered	
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: Reg	istered Agen	t signature require	ed when reinstating)	DATE			
12.	OFFICERS AND	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AN			
TITLE	D ·	☐ DELETE	1.1 TITLE				☐ Cha	nge 🗌 Ad	dition
NAME	VECCHIO, RICHARD M		1.2 NAME				,		
STREET ADDRESS	3157 NORTH 34TH STREET		1.3 STREET	ADDRESS					
CITY-ST-ZIP	HOLLYWOOD FL 33021-4	1	1.4 CITY-S	Γ- ZIP					
TITLE		☐ DELETE	2.1 TITLE				Cha	nge 🗌 Ad	dition
NAME			2.2 NAME						ľ
STREET ADDRESS	• •	·	2.3 STREET	ADDRESS					
CITY-ST-ZIP	<u>.</u>		2. 4 CITY-S	T-ZIP					
TITLE		☐ DELETE	3.1 TITLE				☐ Cha	nge ∐ Ado	dition
NAME			3.2 NAME	}					
STREET ADDRESS			3.3 STREET	ADDRESS					
CITY-ST-ZIP			3.4. CITY-S	T-ZIP					
TITLE		☐ DELETE	4.1 TITLE				☐ Cha	nge 🗀 Ad	dition
NAME		,	4. 2 NAME						
STREET ADDRESS			4.3 STREET	ADDRESS					
CITY-ST-ZIP			4.4 CITY-S	T- ZIP					
TITLE		☐ DELETE	5.1 TITLE				☐ Cha	nge 🔲 Ad	dition
NAME		,	5.2 NAME			•			
STREET ADDRESS		,	5.3 STREET	ADDRESS					
CITY-ST-ZIP			5.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	6.1 TITLE				☐ Cha	nge 🗌 Ad	dition
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET	ADDRESS					
CITY-ST-ZIP			6.4 CITY-S	T-ZIP					1

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:**