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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # **P97000090661**1. Corporation Name

SIMPLY SCRUMPTIOUS CATERING, INC.

## FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90134 048 \*\*\*150.00



Principal Place	e of Business	Mailing Address		C 1001(40) (12 10)(1 10)(1 00)(1 00)(1 00)(1	i i anui ă ans a anna	\$11 <b>4</b> 1 1181 1881
7122 STERLING RD		7122 STERLING RD				
DAVIE FL 33024	4	DAVIE FL 33024		DO NOT WRITE IN THIS	COACE	
				3. Date Incorporated or Qualifed	3 SPACE	
				10/22/1997		1
2 Drivernal D	lace of Business	2a. Mailing Address	··	10/22/1991 4. FEI Number	Ani	plied For
•	N. UNIVERSITY DR	<u> </u>	Iversity D	√2 65-0795948	. —	t Applicable
21 1077 / Suite, Apt.		Suite, Apt. #, etc.	IVEL STITE		\$8,75 A	
22	m, dio.	27		5. Certificate of Status Desired	Fee Re	
City & State	e	City & State		6. Election Campaign Financing	\$5.00	May Be
	tation .FL	28 Plantation	FL.	Trust Fund Contribution	Added to	, I
Zip	Country	Zip	Country	8. This corporation owes the current year In	tangible	
24 3332	2 25 (15A	29 33322 30	o USA	Personal Property Tax.	Yes	□No
1	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	Agent	
			81 Name	ARRIS GARNER T		
	RIS, GARNER T	·		dress (P.O. Box Number is Not Acceptable)		
	STERLING RD		184	14 N. University DR		
DAVI	IE FL 33024		83			
		•	84 City		85 Zip C	Code
			84 CityPLA	Intation Fi	_ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	322_
office or t	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligati	of Florida. Such change was auth	, the above-named co norized by the corpora	rporation submits this statement for the purpose o tion's board of directors. I hereby accept the appo	f changing its intment as reg	registered gistered
						- 1
SIGNATURE						
SIGNATURE	Signature, typed or printed name of registered agent		egistered Agent signature requ		ND DIRECTO	DC IN 12
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A		
12.	OFFICERS AND		13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
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14. I hereby certify that the information supplied with this filling 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 supplied ental 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 of the receiver or trustee impowered 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:

954-723-7778