PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED May 01, 1999 8:00 am Secretary of State 05-01-1999 90037 032 ***150.00

1. Corporation	MENT # P980000 ATERING, INC.	049388								
, гап и Ъ.	ATERING, INC.									
Principal Place	e of Business	Malling Address		- (188ribil ud idiat ifrin darit after gern datit	. 81812 IĀTĀĀ 114E) 1	2101 (\$4) (\$4)				
1435 LYONS RE	_	1435 LYONS RD.								
COCONUT CRE		COCONUT CREEK FL 33063		0.000.00						
	<u>:</u>			DO NOT WRITE IN THI	S SPACE					
•				3. Date Incorporated or Qualifed 06/01/1998						
	lace of Business	2a. Mailing Address		4. FEI Number (5 - 7 8 4 / 4 5 /	<u> </u>	Applicable				
21 28 Suite, Apt. #, etc. Suite, Apt. #,				5. Certificate of Status Desired	- \$8.75 A	dditional				
22			- Fe			beniug				
City & State	0	City & State	_	Election Cempaign Financing Trust Fund Contribution Added to Fees						
Zip	Country	Zip	Country	8. This corporation owes the current year to						
24	25	29	-n '	Personal Property Tax.		□No				
	9. Name and Address of Current			10, Name and Address of New Registered	Agent					
4.000 48			81 Name			[.				
	MEL, SETH'ESQ. SLYONS RD.		82 Street Add	eet Address (P.O. Box Number is Not Acceptable)						
	ONUT CREEK FL 33063		83			———				
			(85)							
	••		84 City	, FI		.				
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										
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=	Iditilitat Wild Bill dosabt are assigns	ens el, seceph 607.0305, Fiolia	s outures.		•	ļ				
SIGNATURE	Signature, typed or printed name of registered agent		gratered Agent eignature requir							
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title V applicable. (NOTE: RA	ogsfered Agent eignature requir	gd when reinstalling) DATE ADDITIONS/CHANGES TO OFFICERS A		RS IN 12				
SIGNATURE	Signature, typed or privated name of registered agent OFFICERS AND	and title if applicable. (NOTE: Ro	13.	ADDITIONS/CHANGES TO OFFICERS A	NO DIRECTOR	RS IN 12				
SIGNATURE	Signature, typed or privated name of registered agent OFFICERS AND D ROBBINS, ROBERT R	and title V applicable. (NOTE: RA	13. 1.1 TITLE 12 NAME	ADDITIONS/CHANGES TO OFFICERS A		RS IN 12				
SIGNATURE 12.	Signature, typed or private name of registered agent OFFICERS AND D ROBBINS, ROBERT R 1435 LYONS RD.	and title V applicable. (NOTE: RA	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS A		RS IN 12				
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I hereby certify that the midmhaton supplies in indicated on this annual report of supplementa officer or director of the corporation or the rece Block 12 or Block 13 if changed, or on an attack deccurate and that my signature shall have the same legal effect as if made under oath; that I am an it to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in with all other like empowered.

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