

09161999-90002-013-\$150.00-\$150.00

1999.

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE: \$150.00)

PROFIT CORPORATION ANNUAL REPORT 1999

DOCUMENT # P98000063901

1. Corporation Name
CUTTING EDGE CATERERS, INC.



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

Principal Place of Business
10662 FENWAY PLACE
BOCA RATON FL 33498

Mailing Address
10662 FENWAY PLACE
BOCA RATON FL 33498

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/17/1998

4. FEI Number
65-0852674

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
**KONIGSBERG, N. SANDY
8900 WEST SAMPLE ROAD
SUITE 400
CORAL SPRINGS FL 33065**

10. Name and Address of New Registered Agent

81 Name
FRED PETILLO

82 Street Address (P.O. Box Number is Not Acceptable)
10662 FENWAY PLACE

83 City
Boca Raton

84 State
FL

85 Zip Code
33498

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 *[Signature]* DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETILLO, FREDERICK	1.2 NAME	
STREET ADDRESS	10662 FENWAY PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33498	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETILLO, RICHARD	2.2 NAME	
STREET ADDRESS	6888 PALMETTO CIRCLE SOUTH, #905	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETILLO, MICHAEL	3.2 NAME	
STREET ADDRESS	3922 W. SANDPIPER DRIVE #2	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	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.

SIGNATURE: *[Signature]* DATE: **9-8-99** DAYTIME PHONE: **261-472-7105**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 SEP 27 PM 12:41

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CR2E04 (5/98)

09161999-90002-013-\$150.00-\$150.00

2000

615'

August 31, 1998

Florida Department of State
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

Tax and Business Services Inc.
2745 West Cypress Creek Road
Ft. Lauderdale, FL 33309
Bus: 954.971.7000
Fax: 954.974.0300
Bus: 800.685.2271 Watts

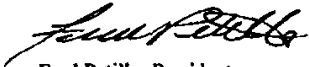
Re: Cutting Edge Caterers, Inc.
Document # P98000063901

To Whom It May Concern:

We have enclosed the 1999 Profit Corporation Annual Report along with a check for \$150.00. The original notice for the annual report was not received and we were unaware that it had been overlooked, until the second notice was received. We respectfully request that the penalty be abated, since the oversight was not willful and the fee is being paid in full upon receipt of the second notice.

Thank you for your assistance in this matter.

Sincerely,



Fred Petillo, President
Cutting Edge Caterers, Inc.