**PROFIT** CORPORATION ANNUAL REPORT 1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000065537

## FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90082 004 \*\*\*150.00

M S R (	CATERING, INC.	Malling Address							•
2900 EXPOSITI		2900 EXPOSITION AVENUE							
ORLANDO FL		ORLANDO FL 32810			20.007	WRITE IN THIS	CDACE		
					3. Date incorporated or Qua		SPACE		]
	-				07/27/1998				}
2. Principal P	face of Business	2a. Mailing Address			4. FEI Number	- 1/ 0	Ap	plied For	1.
21		26			59-356	8-4-3	/ No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5, Certificate of Status Desire	ed D	\$8.75 / Fee Re		
City & Stat	te ·	City & State			6, Election Campaign Finan	cing [	\$5.00	May Be	]
23		- 28		<del></del> *	- Trust Fund Contribution =		- Addod 1	o Feas	1
Zip	Country	Zip	Counti	īy	8. This corporation owes the	current year Inti		·	{
24	25		10		Personal Property Tax.	51-44	☐ Yes	□No	1
·	g. Name and Address of Current	Registered Agent	8	I1 Name	10. Name and Address of N	ew Kegisteren	Agent		1
STA	LNAKER, WALLACE F JR		Ľ	, vano	·				1 :
	INTERNATIONAL PARKWAY		8.	Street Add	ess (P.O. Box Number is Not Ac	ceptable)			ļ
	E 376		8	3					
	THROW FL 32746		L		<u> </u>				) ;
			8	'		FL	85 Zip (		
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State or familiar with, and accept the obligations.	f Florida. Such change was aut ons of Section 607,0505. Florid	d bezhort	y the corporati	on's board of directors, I hereby a	accept the appoin	ntment as re	gistered	İ
SIGNATURE	Signature, typed or printed name of registered apent	******** <u>*****</u>		pent signature require		DATE		•	<b>6</b> . :
		and title if applicable (NOTE: R				DATE	D DIRECTO	RS IN 12	1/98)
SIGNATURE	Signature, typed or printed name of regulared agent OFFICERS AND	and title if applicable (NOTE: R	tegistered Ag	pent signature require	d when reinstating)	DATE			(11/98)
SIGNATURE	Signature, typed or printed name of regulared agent OFFICERS AND DPST SHELDON, MYRTLE	and title if applicable. (NOTE: R	tegistered Ag	onit signature require	d when reinstating)	DATE	D DIRECTO	RS IN 12	34 (11/98)
SIGNATURE  12.  TITLE	Signature, typed or printed name of regulatered agent OFFICERS AND DPST SHELDON, MYRTLE 2900 EXPOSITION AVENUE	and title if applicable. (NOTE: R	13. 1.1 TITLE	onit signature require	d when reinstating)	DATE	D DIRECTO	RS IN 12	2E034 (11/98)
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of regulated agent OFFICERS AND DPST SHELDON, MYRTLE 2900 EXPOSITION AVENUE ORLANDO FL 32810	and Use if applicable. (NOTE: R) D DIRECTORS DELETE	13. 1.1 TITLE 12 NAME 13 STREI	ent eigneture require	d when reinstating)	DATE	D DIRECTO ☐ Change	RS IN 12	CR2E034 (11/98)
SIGNATURE  12.  TITLE NAME STREET ADDRESS	Signature, typed or printed name of regulated agent OFFICERS AND DPST SHELDON, MYRTLE 2900 EXPOSITION AVENUE ORLANDO FL 32810 DV	and title if applicable. (NOTE: R	13. 1.1 ITLE 12 NAME 13 STREI 14 CITY- 2.1 TITLE	ent eigneture require	d when reinstating)	DATE	D DIRECTO	RS IN 12	CR2E034 (11/98)
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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 supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or bustee 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: