


FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90195 036 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS													
DOCUMENT # P98000103272 1. Corporation Name CATERERS FOR CAST & CREW, INC.																	
Principal Place of Business			Mailing Address														
1550 REE LANE KISSIMMEE FL 34741			1550 REE LANE KISSIMMEE FL 34741														
DO NOT WRITE IN THIS SPACE																	
2. Principal Place of Business			3. Date Incorporated or Qualified														
21			12/10/1998														
2a. Mailing Address			4. FEI Number														
26			59-3546826														
Suite, Apt. #, etc.			Applied For														
27			Not Applicable														
City & State			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required														
28			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees														
Zip			8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No														
24			25														
Country			29														
25			30														
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent														
WOODBRIDGE, MICHAEL 1550 REE LANE KISSIMMEE FL 34741			81 Name														
			82 Street Address (P.O. Box Number is Not Acceptable)														
			83														
			84 City														
			85 Zip Code														
			FL														
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinitiating)																	
DATE																	
12. OFFICERS AND DIRECTORS																	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12																	
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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:

NOT REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4-30-99

CR2E034 (1/98)