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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90101 025 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # V00009

1. Corporation Name
LEONARDI'S CATERING, INC.

Principal Place of Business

1100 N. FEDERAL HWY.
HOLLYWOOD FL 33020
US

Mailing Address

1100 N. FEDERAL HWY.
HOLLYWOOD FL 33020
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/13/1991

4. FEI Number

65-0303193

Applied For

Not Applicable

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 Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LECHNER, LAUREN
1809 DIXIANA ST.
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name

ROBERT A. LEONARDI

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

336 MONROE STREET

83

84 City

HOLLYWOOD

FL

85 Zip Code

33019-2004

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

Robert A. Leonardi
Signature, typed or printed name of registered agent and title if applicable.

ROBERT A. LEONARDI
(NOTE: Registered Agent signature required when reinstating)

DATE

4/3/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
DPS
LEONARDI, MARY
STREET ADDRESS
336 MONROE STREET
CITY-ST-ZIP
HOLLYWOOD FL

TITLE ☐ DELETE

NAME
T
LEONARDI, MARY
STREET ADDRESS
336 MONROE STREET
CITY-ST-ZIP
HOLLYWOOD FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

Robert A. Leonardi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99 (954) 922-0398

Date

Daytime Phone #

CR2E034 (1/1/98)