FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(5)

SHALOM CATERER'S AT BETH DAVID CONGREGATION, INC

FILED Jan 29 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					- 19811 OLION CITTO DITTE OLITE DI PRODITORI PIONI PIONI PIONI DIBIN DEDIT DISTE LORI		
3480 N HILL		3480 N HILLS DR					
HOLLYWOOD FL 33021		HOLLYWOOD FL 33021		DO NOT WRITE IN THI	C PRACE		
					3. Date Incorporated or Qualified	3 SPACE	
					02/25/1992		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For		
21		26	26		65-0315334	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27		6. Certificate of Status Desired	Fee Required		
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be	
23			28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Countr	У	8. This corporation owes or has paid the o		
24	25 29 30 9. Name and Address of Current Registered Agent		30	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent			
HE	PNER, GAIL	TOTAL TION INCOME.	81	Name	(U. Hairie and Address Of frew neglatere	a Agent	
	60 N HILLS DR						
	OLLYWOOD FL 33021		62	Street Add	ress (P.O. Box Number is Not Acceptable)		
,,,	221110001200021		83				
			64	City	F	B5 Zip Code	
11. Pursuant t	to the provisions of Sections 607.	.0502 and 607.1508, Florida Sta	tutes, the abov	ı e-named corp	poration submits this statement for the nurnose	of changing its registered	
Office of fi	e giste red agent, or both, in the S m f am iliar with, and accept the of	itale of Florida. Such change wa	is authorized b	v the corporat	tion's board of directors. I hereby accept the al	ppointment as registered	
SIGNATURE			1 10 100 0101010	.			
BIGHATORE .	Signature, typed or printed name of registered		IOTE: Registered Ag	ent signature requi	red when reinstating) DATE		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PD HEPNER, GAIL	☐ DELETÉ	1.1 TITLE	1		Change Addition	
NAME	3460 N HILLS DR		1.2 NAME			į.	
STREET ADDRESS	HOLLYWOOD EL		1.3 STREET	ADDRESS		Įį	
CITY-ST-ZIP	HOLETWOOD PE			ST-ZIP			
TITLE		☐ OFFE IÈ	21 TITLE			Change Addition	
NAME OTRECT ADDRESS	■		2.2 NAME				
STREET ADDRESS			2.3 STREET				
CITY-ST-ZIP TITLE	DELEYE		2. 4 CITY - 3.1 TITLE	SI-ZIP		Change Addition	
NAME			3.2 NAME			Change L Addition	
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY-				
TITLE			4.1 TITLE	J. EN		Change Addition	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CHTY-S				
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP	<u></u>		5.4 CITY - S	T - ZIP			
TITLE		DELETE 6.1			_	Change Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE1	- 1			
CITY-ST-ZIP			6.4 CITY - S	1-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 copyration 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 chapted, open an attachment with an address.