

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

FILED

Feb 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V22152 (5)
1. Corporation Name
MIKE'S AMERICAN-ITALIAN CATERED AFFAIR, INC.

Principal Place of Business
836 6TH ST NW
WINTER HAVEN FL 33881
US

Mailing Address
836 SIXTH STREET, NW
WINTER HAVEN FL 33881

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/16/1992	4. FEI Number 65-0327531	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 836 6th St NW Suite, Apt. #, etc. 22 City & State 23 Winter Haven Fla Zip 24 33881 Country 25 U.S.	2a. Mailing Address 26 836 6th St NW Suite, Apt. #, etc. 27 City & State 28 Winter Haven Fla Zip 29 33881 Country 30 U.S.
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9. Name and Address of Current Registered Agent NAAB, SUSAN 3434 SHERRY ROAD WINTER HAVEN FL 33881		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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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 Susan Naab DATE 1/30/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	NAAB, SUSAN	1.2 NAME	
STREET ADDRESS	836 6TH STREET, NW	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33881	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	LANG, JEAN	2.2 NAME	
STREET ADDRESS	836 6TH STREET, NW	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	NAAB, RUSSELL	3.2 NAME	
STREET ADDRESS	836 6TH STREET, NW	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: Susan Naab DATE 1/30/98 941-299-7467

CR2E034 (10/97)