## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Jul 20, 1999 8:00 am Secretary of State

07-20-1999 90009 032 \*\*\*550.00

DOCUMENT # V27324 V	-
CATERING BY JOEL'S PLACE, INC.	

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Principal Plac	e of Business	Mailing Address				
3605 NW 19		3605 NW 19 STR	<b></b>			
LAUDERDALE LAKES FL 33311 US		US LAUDERDALE LAKES FL 33311		DO NOT WRITE IN THIS SPACE		
00		US			3. Date Incorporated or Qualified	1.00
					04/06/1992	
2 Principal E	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
<b>⊢</b> '	lace of business				65-0330606	Not Applicable
Suite, Apt.	# 010	26   Suite, Apt. #, etc.			037030000	\$8.75 Additional
<b>⊢</b>	. #, etc.				5. Certificate of Status Desired	Fee Required
22 City 8 Ct-1		City & State			A Florida Consider Financian	
City & Stat	te .	— ·			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	1 0	28				
Zip	Country	Zip	_	untry	8. This corporation owes the current year	ar ☐ Yes 🛣 No
24	25	29	30	1	Intangible Personal Property.	
	9. Name and Address of Curre	ent Registered Agent		O4 None	10. Name and Address of New Registe	rea Agent
F.O.	MINTAC CHCAN			81 Name		
	DUNTAS, SUSAN			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
	05 NW 19 STR			-		
LAI	uderdale lakes fl 33311 🕹			83		
				24		
				84 City		FI 85 Zip Code
11. Pursuani	607.05	02 and 607 1500 Elonds 64	atutos the ob	hove named corpor		
office or	registered agent, or both, in the Sta	te of Florida. Such change v	vas authorize	ed by the corporation	ration submits this statement for the purpose on's board of directors. I hereby accept the a	ippointment as registered
agent. I :	am familiar with and accept the odi	gations of section 607.050:	o, Flonda Sta	itules.		1-195
			!! .		lanida. I	, , , , ,
SIGNATURE	Signature, trend of conted page of registered pr	unt and title if andicable	usan ko	IN STTUNIC	Diden	/ / / / / /
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable.	(NOTE: Registe	DUNTTS 11	uired when reinstating) DA	
SIGNATURE	Signature, typed or printed name of registered at OFFICERS A	ent and title if applicable.  ND DIRECTORS	(NOTE: Registe	DUNTTS J. 1.1 lered Agent signature requ	Diden	S AND DIRECTORS IN 12
SIGNATURE  12.  TITLE	Signature, typed or printed name of registered at OFFICERS A	ent and title if applicable.	(NOTE: Registe 13.	DINTTS I 1 lered Agent signature requ	uired when reinstating) DA	
SIGNATURE  12.  TITLE  NAME	Signature, typed of printed name of registered at OFFICERS A DP FOUNTAS, SUSAN	ent and title if applicable.  ND DIRECTORS	(NOTE: Registe  13. E 1.1 Ti  1.2 No	OUNTTS (M) lered Agent signature requ  ITLE IAME	uired when reinstating) DA	S AND DIRECTORS IN 12
SIGNATURE  12.  TITLE	OFFICERS A  DP  FOUNTAS, SUSAN  3605 NW 19 STR	ent and title if applicable.  ND DIRECTORS	(NOTE: Registe  13. E 1.1 Ti  1.2 No	DINTTS I 1 lered Agent signature requ	uired when reinstating) DA	S AND DIRECTORS IN 12
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I. 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:

SHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/97

954-730-9911

Daytime Phone t