FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Division of Corporations

APPROVED AND FILED

DOCUMENT # V58157 (1)

95 MAY -1 PM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SCHAFFER CATERING, INC.

Principal Place of Business
2337 MOORE HAVEN DR WEST
CLEARWATER FL 34623-1617

Mailing Address
2337 MOORE HAVEN DR WEST
CLEARWATER FL 34623-1617

3. Date of Last Report: 08/17/1992
3a. Date of Last Report: 05/01/1994

2. Date of Change (If Any)
2a. Mailing Address
21
26
Suite Apt. #
22
27
City State
23
28
24 25 29 30

4. FE Number: 59-3140303
Appears For / Not Applicable

5. Certificate of Status Desired: $8.75 Additional Fee Required

6. Total Number of Pages, Including This Page: $5.00 May Be Added to Fees

8. The corporation has elected, or is required to elect, to be governed by Section 607.0901, Florida Statutes: No X

9. Name and Address of Current Registered Agent
SCHAFFER, WILLIAM L
2337 MOORE HAVEN DR WEST
CLEARWATER FL 34623-1617

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL
85 Zip Code

11. Pursuant to the provisions of Section 607.0501, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The name and address of the registered agent and office is accepted by the undersigned as registered agent and officer of the corporation at the place designated in this certificate.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
TITLE	P	TITLE	Change / Addition
NAME	SCHAFFER, WILLIAM L.	NAME	
STREET ADDRESS	2337 MOORE HAVEN DR. W.	STREET ADDRESS	
CITY, ST, ZIP	CLEARWATER FL	CITY, ST, ZIP	
TITLE	ST	TITLE	Change / Addition
NAME	SCHAFFER, SARAH M.	NAME	
STREET ADDRESS	2337 MOORE HAVEN DR. W.	STREET ADDRESS	
CITY, ST, ZIP	CLEARWATER FL	CITY, ST, ZIP	
TITLE		TITLE	Change / Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	Change / Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	Change / Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	Change / Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	

14. I hereby certify that the information supplied with this report is substantially identical and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the 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 agent on whom the report or process may be served; and that my name appears above, or on an attachment with an asterisk.

SIGNATURE: William L. SCHAFFER William L. Schaffer 4-27-95 813-791-7771
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR

0358887 CP