

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000043470 (0)**

1. Corporation Name

CATERING ASSOCIATES, INC.



Principal Place of Business

Mailing Address

7770 W. OAKLAND PARK BLVD.
SUITE 100
SUNRISE FL 33351-6729

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SUITE 100
SUNRISE FL 33351-6729

3. Date Incorporated or Qualified

06/06/1995

3a. Date of Last Report

NONE

2. Principal Place of Business

21 1101 Holland Drive

2a. Mailing Address

26 1101 Holland Drive

4. FEI Number

65-058-6134

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

23 Boca Raton, Florida

City & State

28 Boca Raton, Florida

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

24 33487

Country

25 Palm Beach

Zip

29 33487

Country

30 Palm Beach

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

SALOMONE, MICHAEL J P.A.
7770 WEST OAKLAND PARK BLVD.
SUITE 100
SUNRISE FL 33351

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 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

Signature, typed or printed name of registered agent, as applicable

(None. Registered Agent signature required when changed.)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

President

Robin Wisotzky

10045 Umberland Place

Boca Raton, Florida 33424

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

12 NAME Change Addition

13 STREET ADDRESS

14 CITY-ST-ZIP Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DELETE

2 1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

22 NAME Change Addition

23 STREET ADDRESS

24 CITY-ST-ZIP Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DELETE

3 1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

32 NAME Change Addition

33 STREET ADDRESS

34 CITY-ST-ZIP Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DELETE

4 1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

42 NAME Change Addition

43 STREET ADDRESS

44 CITY-ST-ZIP Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DELETE

5 1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

52 NAME Change Addition

53 STREET ADDRESS

54 CITY-ST-ZIP Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DELETE

6 1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

62 NAME Change Addition

63 STREET ADDRESS

64 CITY-ST-ZIP Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robin Wisotzky

4/30/96

Date

407-989-8730

Daytime Phone

CR2E034 (12/95)

800 Dep
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