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

PROFIT CORPORATION ANNUAL REPORT

KAT REALTY, INC.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # 400661

(5)

FILED Apr 25 1997 8:00am Secretary of State

Principal Place of Business	Mailing Address	
45 ALLAN LANE 1:O. BOX 510022 AELBOURNE BEACH FL 32951	145 ALLAN LANE P.O. BOX 510022 MELBOURNE BEACH FL 32951-0022	
		3. Date incorporated or Qualified 3a. Date of Last Report 05/05/1972 05/01/1996

MELBOURNE BEACH FL 32951	ME	:LBOURNE BEACH FL 32	951-00	22		1			
						 Date incorporated or Qualified 05/05/1972 	3a. Date 05/01/		teport
2. Principal Place of Business	28	. Mailing Address				4. FEI Number		Ar	oplied For
21	26					59-1401600		No	of Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional
22	27					o. Certificate of Status Desfred		Fee Re	beniupe
City & State		City & State				6. Election Campaign Financing		\$5.00	May Be
23	28					Trust Fund Contribution		Added	to Fees
Zip Cou	untry	Zip	c	country		8. This corporation has liability for in			. 199.032,
24 25	29		30		·		Yes 🔀		
	Idress of Current Regis	stered Agent			<u>.</u>	10. Name and Address of New Reg	Istered Ag	ent	
WALKER, WILLIAM D				81	Name				
145 ALLAN LANE				82	Street Add	dress (P.O. Box Number is Not Acceptable	9)	 	
MELBOURNE BEACH I	FL 32951								
				63					
				84	City			85 Zip	Code
				"	Oity		FL	2.0	
11. Pursuant to the provisions of soffice or registered agent, or lagent. I am familiar with, and	Sections 607.0502 and 6 both, in the State of Flori accept the obligations o	607.1508, Florida Statute ida: Such change was a of, Section 607.0505, Flo	es, the authori orida S	above zed by tatules	named cor the corpora	rporation submits this statement for the pu ation's board of directors. I hereby accept	rpose of ch the appoir	nanging l ilment as	ts registered registered
SIGNATURE									
	hame of registered agent and title				per erutangia k	uired when reinstating)	DATE		
12.	OFFICERS AND DIRE	CTORS DELETE	1:			ADDITIONS/CHANGES TO OFFICE		Change	RS IN 12 Addition
NAME WALKER, WILLIA	u n	T DEFE IF		1 TITLE			L	1 rusube	Addition
148 411 441 1441				2 NAME					
			1.3	3 STREET	ADDRESS				
CHY-S1-ZIP MELBOURNE BE	AUTI PL 32901			4 CITY - \$1	- ZIP		······································	1 2:	
TITLE ST	TOWE O	DELETE	2.1	1 TITLE	-		L] Change	Addition
NAME WALKER, KATHE			2.2	2 NAME					
STREET ACCRESS 145 ALLAN LAN			2.3	3 STREET	ADDRESS				
City - St - 7/P MELBOURNE BE	AUN FL 32951			4 CITY-S	T-ŻIP				
TITLE		DELETE	3.1	1 TITLE	-		L.	Change	Addition
NAME			3.2	2 NAME	}	•			ļ
STREET ADDRESS			3.3	3 STAEET .	ADDRESS				
CITY - ST - ZIP			_	4 CITY-5	T-21P				
TITLE		☐ DELETE	4.	1 TITLE			L	Change	Addition
NAME			4.	2 NAME					
STREET ADDRESS			4.3	3 STREET	ADORESS -				Į
CITY - ST - 76P			4.4	4 CITY-ST	~ZIP				
THE		DELETE	5.1	1 TITLE	.]			Change	Addition
NAME			5.2	2 NAME					
STREET ADDRESS			5.3	3 STREET	ADORESS				
CITY-ST-ZiP			5.	4 CITY - ST	-ZIP				
1-1LE		DELETE		1 TITLE				Change	Addition
NAME			6:	2 NAME		•			
STREET ADORESS			6:	3 STREET	ADDRESS				t .

6.4 CITY-ST-ZIP 047×81-20 14. I do 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:

(407) 713-6061 Daylime Phone #

0105285