

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED  
95 JUL 28 PM 1:23  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **F47459** (5)

1. Corporation Name  
**THE ORIGINAL CATTLEMAN'S INC.**

Principal Place of Business: **4095 N ANDREWS AVE FT LAUDERDALE FL 33309**  
Mailing Address: **4095 N ANDREWS AVE FT LAUDERDALE FL 33309**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/02/1981**  
3a. Date of Last Report: **08/02/1994**

2. Principal Place of Business: 21, 22, 23  
2a. Mailing Address: 26, 27, 28  
24. Zip: 25, 29  
Country: 30

4. FEI Number: **59-2134360**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Electronic Campaign Finance and Trust Funds Contributions:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**DOUMA, KENNETH J.  
4095 N. ANDREWS AVE.  
FT LAUDERDALE FL 33309**

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**

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 agent 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	VS
NAME	DOUMA, BARRY A
STREET ADDRESS	4095 N ANDREWS AVE
CITY, ST, ZIP	FT LAUDERDALE FL
TITLE	PT
NAME	DOUMA, KENNETH J
STREET ADDRESS	4095 N ANDREWS AVE
CITY, ST, ZIP	FT LAUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONAL OFFICERS AND DIRECTORS

1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	
1 3 STREET ADDRESS	
1 4 CITY, ST, ZIP	
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY, ST, ZIP	
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY, ST, ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY, ST, ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY, ST, ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME	
6 3 STREET ADDRESS	
6 4 CITY, ST, ZIP	

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: Kenneth J. Douma 7-22-95 (305)565-2375  
DATE (Signature)  
 Kenneth J. Douma, Pres.

CR2E034 (3/95)