

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 # **P93000077382 (8)**

1. Corporation Name
KATANA INDUSTRIES, INC.



Principal Place of Business: **1437 GENERAL AVIATION DR SUITE #14 MELBOURNE FL 32935 US**
Mailing Address: **1437 GENERAL AVIATION DR SUITE #14 MELBOURNE FL 32935 US**

3. Date Incorporated or Qualified: **11/02/1993**
3a. Date of Last Report: **08/22/1995**
4. FEI Number: **59-3210457**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **2755 Village Park Dr**
2a. Mailing Address: **2755 Village Park Dr**
22. City & State: **Melbourne, FL**
23. City & State: **Melbourne, FL**
24. Zip: **32934** Country: **Brevard**
25. Zip: **32934** Country: **Brevard**

9. Name and Address of Current Registered Agent: **NOVEY, ROBERT N 1437 GENERAL AVIATION DR MELBOURNE FL 32935**
10. Name and Address of New Registered Agent: **NOVEY, ROBERT N 1437 GENERAL AVIATION DR MELBOURNE FL 32935**

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]* **Robert N Novoy, Pres.** DATE: **2/18/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE NAME: NOVEY, ROBERT N STREET ADDRESS: 1437 GENERAL AVIATION DR CITY-STATE-ZIP: MELBOURNE FL		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.1 TITLE: 1.2 NAME: 1.3 STREET ADDRESS: 2755 Village Park Dr. 1.4 CITY-STATE-ZIP: Melbourne FL 32934	
<input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY-STATE-ZIP:		<input type="checkbox"/> Change <input type="checkbox"/> Addition 2.1 TITLE: 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-STATE-ZIP:	
<input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY-STATE-ZIP:		<input type="checkbox"/> Change <input type="checkbox"/> Addition 3.1 TITLE: 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-STATE-ZIP:	
<input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY-STATE-ZIP:		<input type="checkbox"/> Change <input type="checkbox"/> Addition 4.1 TITLE: 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-STATE-ZIP:	
<input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY-STATE-ZIP:		<input type="checkbox"/> Change <input type="checkbox"/> Addition 5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-STATE-ZIP:	
<input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY-STATE-ZIP:		<input type="checkbox"/> Change <input type="checkbox"/> Addition 6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-STATE-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: *[Signature]* **Robert Novoy** DATE: **2/18/96 (407)242-3433**

CR2E034 (12/95)