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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000094331 (3)

KATSUR MANAGEMENT GROUP, INC.

Principal Place of Business Mailing Address

157 EAST LAKE BRANTLEY ROAD 157 EAST LAKE BRANTLEY ROAD

10M0W000 Ft 32779

LONGW000 Ft 327794407

FILED Feb 04 1997 8:00am Secretary of State



	\$8.75 Fee F \$5.00 Added	pplied For lot Applicable Additional Required
2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-3289335 Surle, Apt. #, etc Surle, Apt. #, etc 27 City & State City & State City & State Country Zip Florida Statutes Zives	\$8.75 Fee F \$5.00 Added	lot Applicable Additional Required
25 Surie, Apt. #, etc Surie, Apt. #, etc. Surie, Apt. #,	\$8.75 Fee F \$5.00 Added	lot Applicable Additional Required
Surite, Apt. #, etc. 22 City & State Country Florida Statutes Yes	\$8.75 Fee F \$5.00 Added	Additional Required
27 City & State Ci	\$5.00 Added	Required
City & State City & State City & State City & State 28 Trust Fund Contribution Trust Fund Contribution Zip Country Zip Country Country End Statutes Yes	Added	\
28 Trust Fund Contribution Zip Country Zip Country 29 Country B. This corporation has liability for intangible Florida Statutes Yes	Added	J Mav Be
Zip Country Zip Country 8. This corporation has liability for intangloble 24 25 29 30 Florida Statutes X Yes	e tax under	to Fees
24 25 25 50		s. 199.032,
	Agent	
MATCHD MARCOT 81 Name		
KATSUR, JAMES T		
176 SHADOW BAY BLVD S 82 Street Address (P.O. Box Number is Not Acceptable)	Idress (P.O. Box Number is Not Acceptable)	
LONGWOOD FL 32779		······································
84 City	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	-	
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 apagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	positivent &	is registeres
SIGNATURE Signature, typod or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE		
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AN		
TITLE P DELETE 1.1 TITLE	Change	Addition
NAME KATSUR, JAMES T 1.2 NAME		
STREET ADDRESS 157 EAST LAKE BRANTLEY RD 1.3 STREET ADDRESS		
CITY-S1-ZIP LONGWOOD FL 32779 1.4 CITY-ST-ZIP		
TITLE DELETE 2.1 TITLE	Change	Addition
NAME 22 NAME		
CITY-ST-ZIP	Change	Addition
The state of the s	Carlo Wilder	
NAME 3.2 NAME		
STREET ADDRESS 3.3 STREET ADDRESS		
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STREET ADDRESS 4.3 STREET ADDRESS		
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TITLE DELETE 5.1 TITLE	Change	Addition
NAME 5.2 NAME		
STREET ADDRESS 5.3 STREET ADDRESS		
CITY-SF-7/P 5.4 CITY-ST-ZIP		
TILE DELETE 6.1 TITLE	Change	Additio
(None		
STREET ADDRESS 63 STREET ADDRESS		
CITY-ST-ZIP 64 CHY-ST-ZIP 64 CHY-ST-ZIP 64 CHY-ST-ZIP 1907(3)(i) Florida Statutes I furth	or cortifu th	at the

4. 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:

ATTURNATION TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

ntsue

97 407-788-6