

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 739712 (8)

1. Corporation Name

CATAMARAN I, INCORPORATED



Principal Place of Business

Mailing Address

2400 S. OCEAN DRIVE  
FT. PIERCE FL 34949

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FT. PIERCE FL 34949

3. Date Incorporated or Qualified  
07/22/1977

3a. Date of Last Report  
03/15/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAHER, GEORGE H.  
2400 S. OCEAN DR.  
FT. PIERCE FL 34949

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME WELLER, ROBERT T  
STREET ADDRESS 2400 S. OCEAN DR.  
CITY-ST-ZIP FT. PIERCE FL

☐ DELETE

TITLE ASD  
NAME BARTON, MARJORIE  
STREET ADDRESS 2400 S. OCEAN DR.  
CITY-ST-ZIP FT. PIERCE FL

☐ DELETE

TITLE SD  
NAME RICHARDSON, WILLIAM  
STREET ADDRESS 2400 S. OCEAN DR.  
CITY-ST-ZIP FT. PIERCE FL

☒ DELETE

TITLE VPTD  
NAME PERKINS, WALTER  
STREET ADDRESS 2400 S. OCEAN DR.  
CITY-ST-ZIP FT. PIERCE FL

☐ DELETE

TITLE D  
NAME KEYS, MARIAN  
STREET ADDRESS 2400 S OCEAN DR.  
CITY-ST-ZIP FT. PIERCE FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VPD ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 617, 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

Date

Daytime Phone #

CR2E037 (12/95)