


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

FILED

Apr 03 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 450774 (5)</b>					
1. Corporation Name <b>CATALINA RATTAN FURNITURE, INC.</b>					
Principal Place of Business <b>2632 N ORANGE BLOSSOM TRL KISSIMMEE FL 34744</b>			Mailing Address <b>2632 N ORANGE BLOSSOM TRL KISSIMMEE FL 34744-1888</b>		
2. Principal Place of Business 21 <b>2615 N. ORANGE BLOSSOM TRL</b>		2a. Mailing Address 26 <b>2615 N. ORANGE BLOSSOM TRL</b>		3. Date Incorporated or Qualified <b>04/22/1974</b>	
22 <b>FL</b>		27 <b>FL</b>		3a. Date of Last Report <b>04/04/1996</b>	
23 <b>Kissimmee</b>		28 <b>Kissimmee</b>		4. FEI Number <b>59-1526951</b>	
24 <b>34744</b>		29 <b>34744</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
30 <b>Country</b>		31 <b>Country</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
32 <b>Country</b>		33 <b>Country</b>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>COSGROVE, DON 2632 N ORANGE BLOSSOM TRL KISSIMMEE FL 34744</b>			10. Name and Address of New Registered Agent		
81 Name			82 Street Address (P.O. Box Number is Not Applicable) <b>2615 N. ORANGE BLOSSOM TRL</b>		
83			84 City <b>KISSIMMEE</b> FL 85 <b>34744</b>		
11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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: <b>DON COSGROVE</b> 3/13/97 Signature typed or printed name of registered agent and date if applicable. (Not required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <b>PD</b> <input type="checkbox"/> DELETE			1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>COSGROVE, DONALD P.</b>			1.2 NAME <b>2615 N. ORANGE BLOSSOM TRL</b>		
STREET ADDRESS <b>2632 N ORANGE BLOSSOM TR</b>			1.3 STREET ADDRESS		
CITY-ST-ZIP <b>KISSIMMEE FL</b>			1.4 CITY-ST-ZIP		
TITLE <b>STD</b> <input type="checkbox"/> DELETE			2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>COSGROVE, JACQUELINE</b>			2.2 NAME <b>2615 N. ORANGE BLOSSOM TRL</b>		
STREET ADDRESS <b>2632 N ORANGE BLOSSOM TR</b>			2.3 STREET ADDRESS		
CITY-ST-ZIP <b>KISSIMMEE FL</b>			2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
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: <b>REDAKED</b> 3/13/97 407-933-8900 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					



CR2E034 (9/96)