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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State* * # DIVISION OF CORPORATIONS

DOCUMENT #

725116

(8)

1. Corporation	Name			(0)					
CATEM	VAY POIN	IT INC							
GATE	TAT TOIL	11, 1110.					h iddahir haddir siddir deind hirri dinin bidd d	1011 01211 DIBTI 01611 AX	AH BIRH IAN
Principal Place of Business			Mailing Addre	Mailing Address				1881 MANIE MINIE MENER MI	B)(818)(188)
311 GARVIN ST.			311 GARVIN S	311 GARVIN ST.			3. Date Incorporated or Qualified		
PUNTA GORDA FL 33950				PUNTA GORDA FL 33950			12/27/1972		
						ŀ	4. FEI Number	Ap	plied For
							59-1514938	 • • • •	t Applicable
2. Principal Place of Business			2a. Mailing Ac	2a. Mailing Address			5. Certificate of Status Desired	1 \$8.75 A	Additional
21			26				5. Cerimoate of Status Desired	Fee Re	quired
Suite, Apt. #, etc.			Suite, Apt.	Suite, Apt. #, etc.			6. Election Campaign Financing	_ \$5.00 k	•
29 City & Control			27				Trust Fund Contribution Added to Fees		
City & State			 ′	City & State			7. Is this nonprofit corporation a homeowners association? X Yes No		
23 Zip		Country	28 Zip		Country		8. This corporation owes or has paid th		anaible
24		25	29		30	ŀ	Personal Property Tax due June 30.		No
	9. Name		urrent Registered Agen		, , , , , , , , , , , , , , , , , , ,		10. Name and Address of New Registr	ered Agent	
					81 Name	Ga	ry A. Kahle		
JOHN CHARLES HEEKIN				82 Street	reet Address (P.O. Box Number is Not Acceptable)				
C-101 PLAZA 566 NW OLEAN BLVD			D					Suite B	
PORT C	HARLOTTE	FL 33952			83				
					84 City			85 Zip C	Code
			· · · · · · · · · · · · · · · · · · ·					FL 339	952
11. Pursuant I	to the provis egistere d a c	ions of Sections 61 ent. or both, in the	17.0502 and 617.1508, Flo State of Florida, Such ch	orida Statute ange was a	es, the above-named authorized by the cor	f corpor poration	ation submits this statement for the purpor's board of directors. I hereby accept the	ose of changing its e appointment as i	s registered registered
anent La	m tamiliar w	th and account the	abligations of Caption 6:	3 AFAA E					
agoni. 1 a	Z	in, and acceptane	opligations of Section 6	17.0503, FIO	rida Statutes.		>	1 . 1	
SIGNATURE	du	Wella	We GA	RY A	, KAHL€		5	127/98	<u></u>
SIGNATURE	du	of printed name of registe	ored agent and title if applicable.	RY A	rida Statutes. , KAHL € E. Registered Agent signature 13.		5	/27/98 ATE	<u></u>
SIGNATURE	du	of printed name of registe	ered agent and title if applicable. RS AND DIRECTORS	RY A	, KAHL € . Registered Agent signature	e required	when reinstating) If ADDITIONS/CHANGES TO OFFICERS	/27/98 ATE	<u></u>
SIGNATURE S	Signature typed	of printed name of register	ered agent and title if applicable. RS AND DIRECTORS	RY A	. KAHLE. Registered Agent signature	e required	when reinstating) If ADDITIONS/CHANGES TO OFFICERS	ATE DIRECTORS	S IN 12
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14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

HOWARD TUMA

911-639-8400

FILED

May 18 1998 8:00am

Secretary of State

941-639-8400