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

**PROFIT CORPORATION ANNUAL REPORT** 



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # F47459

THE ORIGINAL CATTLEMAN'S INC.

(5)

	Mailmo	Aridres

Principal Place of Business

## **FILED** Apr 29 1997 8:00am Secretary of State



4085 N ANDRE FT LAUDERDAI		4095 N ANDREWS AVE FT LAUDERDALE FL 33309-5269					
					3. Date Incorporated or Qualified 10/02/1981	3a. Date of Last F	Report
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		pplied For
21		26		59-2134360	) <u> </u>	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75	Additional
22		27			5. Certificate of Status Desired	Fee R	equired
City & State	0	City & State	, , , , , , , , , , , , , , , , , , , ,		Election Campaign Financing     Trust Fund Contribution	P	May Be to Fees
Zip	Country	Ζιρ	Count	ry	8. This corporation has liability for it	ntangible tax under s	. 199.032,
24	9. Name and Address of Curre	29	30]		Florida Statutes  10. Name and Address of New Res		
201		it negistated Agent	8	1 Name	10, Hame and Address of New Mes	giatorea Agont	
	JMA, KENNETH J. 5 N. ANDREWS AVE.		8		dress (P.O. Box Number is Not Acceptab	io)	
	AUDERDALE FL 33309		8				
			8	3			
			8	4 City		FL 85 Zp	Code
11. Pursuant office or reagent. La	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblig	02 and 607.1508, Florida Statut e of Florida. Such change was a ations of, Section 607.0505, Flo	es, the abo authorized orida Statut	ve-named co by the corpora es.	rporation submits this statement for the pation's board of directors. I hereby accept		its registered registered
SIGNATURE	Signature, typed or printed name of registered ag	col and sticil script aldo (NCI)	F Recestored A	good signature regu	uired when reinstating)	DATE	
12.		IO DIRECTORS	13.	90 1 0 3 1 1 1 0 1	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	3S IN 12
TITLE	VŠ	DELETE	111011			Change	Addition
NAME .	DOUMA, BARRY A		1.2 NAM	Ε			
STREET ADDRESS	4095 N ANDREWS AVE		1.3 \$186	EL ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL	•	1.4 C/TY	- S1 - Z(P			ì
TITLE	PT	DELETE.	2.1 1 1 6			Change	Addition
NAME	DOUMA, KENNETH J		2.2 NAM				
STREET ADDRESS	4095 N ANDREWS AVE		2.3 STRE	ET ADDRESS			Ì
CITY-ST-ZIP	FT LAUDERDALE FL		2 4 CITY	'- S1 - ZIP			
TITLE		DELETE	3 1 111 LI			Change	Addition
NAME			3.2 NAM	E			ļ
STREET ADDRESS			3.3 S1RE	(1 ADDRESS			
CITY-ST-ZIP	_		3.4. C(1)	'- \$1 - ZIP			_
TITLE		DELF1E	4.1 TITLE			Change	Addition
NAME			4. 2 NAN	1E )			Ì
STREET ADDRESS			4.3 STRE	FT ADDRESS			j
CITY-ST-ZIP			4.4 City	- S1 - 7IP			
TITLE		DELETE	511011	. [		Change	Addition
NAME			5.2 NAM	E			
STREET ADDRESS			5 3 S1RE	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY	- \$1 - ZIP		·	
TITLE		DELETE	6.1 1111.6			☐ Change	Addition
NAME	* *		6.2 NAM	F			
STREET ADDRESS	4		6.3 S1RE	ET ADDRESS			
CITY-ST-ZIP			6.4 CITY	-SI-21P			

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 true too empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name