Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90140 021 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F66087

1. Corporation	n Name							
CATTAN	EO ASSOCIATES, INC.							
Principal Place	e of Business	Mailing Address				-	.EII 91011 61011 01011 0	EBEL BEBEF 1981
341 VILLAGE D	341 VILLAGE DRIVE				•			
ST. AUGUSTINE FL 32095 ST. AUGUSTINE FL 32095								
US US						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed		
						02/05/1982		
Principal Place of Business 2a, Mailing Address				<u> </u>		4. FEI Number	T T Ap	plied For
	¬					59-2173562	 	t Applicable
Suite, Apt.	Suite, Apt. #, etc.	lite, Apt. #, etc.				**************************************	\dditional =	
22						5. Certificate of Status Desired	Fee Re	quired
City & Stat	e	City & State				6. Election Campaign Financing	\$5.00	
23		28				Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year	r Intangible	
24	25	29	30			Personal Property Tax. 10. Name and Address of New Register		□No_
 	g. Name and Address of Curre	nt Registered Agent		81 Name		10. Name and Address of New Registe	red Agent	
CAT	TANEO, CHERYL A.		i	oi italiic				
341	VILLAGE DRIVE		Į.	82 Street	Addre	dress (P.O. Box Number is Not Acceptable)		
ST. AUGUSTINE FL 32095				83	3			
J	ACCOUNTE LE CESCO			-				
				84 City			FL 85 Zip C	Code
d Dispersional	to the previous of Sections 607.05	02 and 607 1508 Florida Statu	tec the al	ove-namer	1 como	eration submits this statement for the nurnos	e of changing its	registered
office or r	registered agent, or both, in the State im familiar with, and accept the oblig	a of Florida, Such chande was	コロけかいごろんげ	DV THE COIL	oration	n's board of directors. I hereby accept the a	ppointment as re	gistered
SIGNATURE		ant and title if applicable. (NOT	E: Pagietored	Accept signatura	heavened	when reinstating) DAT		
12.	OFFICEDS AND DIDECTORS			13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	RS IN 12
TITLE	P	☑ DELETE	_	1.1 TITLE			☐ Change	☐ Addition
NAME	CATTANEO, DONALD J		1.2 NA	ME				
STREET ADDRESS	A WILLAGE BONE			1.3 STREET ADDRESS				
CITY-ST-ZIP	ST. AUGUSTINE FL 32095			1.4 CITY+ST-ZIP				
TITLE	3 1-	☐ DELETE	2.1 TIT	LE	Pr	esident	Change	Addition
NAME	CATTANEO, CHERYL A	RYL A 2		ME				
STREET ADDRESS			2.3 ST	REET ADDRESS	;			
CITY-ST-ZIP	ST. AUGUSTINE FL 32095			2.4 CITY-ST-ZIP.		the same of the sa	☐ Change	☐ Addition
TITLE		☐ DELETE	_			•	☐ Criange	
NAME			3.2 NA					
STREET ADDRESS				REET ADDRESS	'[-	
CITY-ST-ZIP		D ACIETE		IY-ST-ZIP	+-		Change	Additio
TITLE		☐ DELETE	4.1 Til				L. Onlango	
NAME			4. 2 N					
STREET ADDRESS				REET ADDRESS	Ί			
CITY-ST-ZIP		☐ DELETE	4.4 CI	Y-ST-ZIP	+-		☐ Change	☐ Addition
TITLE		_ 500012	5.2 NA				_ ,	_
NAME STREET ADDRESS				REET ADDRESS	3			
STREET ADDRESS				Y-ST-ZIP				
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TIT		+		☐ Change	☐ Additio
NAME			6.2 NA	ME			,	
STREET ANDRESS			1	REET ADDRESS	3			

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP