

FILED NOV 11 1999

AMENDED PROFIT CORPORATION ANNUAL REPORT 1999 \$61.25

FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

99 OCT 18 AM 11:00

DOCUMENT # F66087

1. Corporation Name

CATTANEO ASSOCIATES, INC.

Principal Place of Business

Mailing Address

341 Village Drive
St. Augustine, FL 32095

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

4/1982

2. Principal Place of Business

2a. Mailing Address

21 Same

26 Same

4. FEI Number

59-2173562

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation owes the current year Intangible

Personal Property Tax.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Cheeryl Cattaneo
341 Village Drive
St. Augustine, FL 32095

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Cheeryl A. Cattaneo

(NOTE: Registered Agent signature required when reinstating)

DATE

10/14/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Secretary Treasurer
Cheeryl Cattaneo
341 Village Drive
St. Augustine, FL 32095

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1.1 TITLE

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

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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)(l), 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.

SIGNATURE:

Cheeryl A. Cattaneo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/99

Date

904-808-1529

Daytime Phone #

CR2E034 (11/98)