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 # **F97000005586**1. Corporation Name

KATZ DESIGNS & CONSTRUCTION, INC.

Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90051 015 ***150.00

Principal Place	of Business -	Mailing Address	نس حاسد		**
3256 BENICIA C		3256 BENICIA CT.			
NAPLES FL 34109 NAPLES FL 34109			DO NOT WRITE IN TH	IIS SPACE	
				3. Date Incorporated or Qualifed	
				10/23/1997	
2. Principal Pl	ace of Business	2a. Mailing Address	APPLEDE:	4. FEI Number	Applied For
21 4/4 2	3 POND HPPLE DR.S.	26 4623 16NL Suite, Apt. #, etc.	S APPLELX :	S 58-1696386	Not Applicable \$8.75 Additional
Suite, Apt.:	#, 8tC.	27		5. Certifcate of Status Desired	Fee Required
City & State	3	City & State		6. Election Campaign Financing	\$5.00 May Be
23 NAA	res Fi.	28 NAPLES	FL.	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
24 34//	19 25 COLLIER		COLLIER	Personal Property Tax. 10. Name and Address of New Registere	
 	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registers	ru Agent
KATZ SHARON					
3256 BENICIA CT.			dress (P.O. Box Number is Not Acceptable)	S.	
NAPLES FL 34109 83 /			56		
			84 City	/2) ,	85 Zip Code
			I I NA	PLES F	L 134119
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	Show Ka	SHAR	A KATZ Registered Agent signature requi	IPRES Jan	· / 997
12.	Signature, typed or printed name of registered agent OFFICERS AND	<u> </u>	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	PT	☐ DELETE		4623 POND APPLEL	□ A ▼
NAME	KATZ, SHARON		1.2 NAME	4625 FOND APPLE C	(K,S)
STREET ADDRESS	3256 BENICIA CT.		1.3 TREET ADDRESS	NAPLES, FL. 34	1119-8529
CITY-ST-ZIP	NAPLES FL 34109		1.4 CITY-ST-ZIP	1, 232, 72: 0,	Taddion !
TITLE	VS	☐ DELETE	2.1 TITLE	4623 POND APPLE	Change Addition
NAME	KATZ, GARY H				
STREET ADDRESS	3256 BENICIA CT.		2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	NAPLES, FL. 34	'//5'_8539.
CITY-ST-ZIP TITLE	NAPLES FL 34109	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME		_	3.2 NAME	The second second	
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP	હૈં ^{તું} કરે _ક કું કર્યા	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4 2 NAME		
STREET ADDRESS		, , , , , , , , , , , , , , , , , , ,	4.3 STREET ADDRESS		<u> </u> _
· KAT	Z256* 341092095	1798 08 01/04/	99 =	H, or H.	☐ Change ☐ Addition
NOTIFY SENDER OF NEW ADDRESS			The state of the s	Change 15 Addition	
4623 POND APPLE DR S				es a sthooghastalla	
NAP	LES FL 34119-8539	😝 ବ୍ୟୁକ୍ତ ନମନ୍ତ୍ର ଅଧିକ୍ର ଅଧିକ୍ର			
		the state of the s	+		Change Addition

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

<u> Նունականում և անևականում և անականի անևանվանում և անևանականի անևանականի և անձան անձան անձան անձան անձան և անա</u>