

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G18913 (5)**

1. Corporation Name
CATHEY'S CUSTOM DRAPERY & UPHOLSTERY, INC.



Principal Place of Business: **% CARL CATHEY, 2840 FOREST HILL BLVD, WEST PALM BEACH FL 33406**
Mailing Address: **% CARL CATHEY, 2840 FOREST HILL BLVD, WEST PALM BEACH FL 33406**

3. Date Incorporated or Qualified: **01/14/1983**
3a. Date of Last Report: **04/28/1995**
4. FEI Number: **59-1361832**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes: Yes No

2. Principal Place of Business: 21, Suite, Apt. #, etc.: 22, City & State: 23, Zip: 24, Country: 25
2a. Mailing Address: 26, Suite, Apt. #, etc.: 27, City & State: 28, Zip: 29, Country: 30

9. Name and Address of Current Registered Agent
**MARTIN, GERALD A
1665 PALM BEACH LAKES BLVD
STE 700 FORUM III-TOWER B
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent
81 Name: _____
82 Street Address (P.O. Box Number is Not Acceptable): _____
83 _____
84 City: _____ 85 Zip Code: **FL**

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: _____ (Name of Registered Agent Signature is required when the state is changed)

12. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> DELETE
NAME	CATHEY, GLORIA A	
STREET ADDRESS	2870 FOREST HILL BLVD	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	CATHEY, CARL W	
STREET ADDRESS	% 2840 FOREST HILL BLVD	
CITY-ST-ZIP	W PALM BCH, FL 00000	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CATHEY, CARL W JR	
STREET ADDRESS	2870 FOREST HILL BLVD.	
CITY-ST-ZIP	W. PALM BCH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MARSH, TAMARA C	
STREET ADDRESS	4139B PALM BAY CIRCLE	
CITY-ST-ZIP	WEST PALM BCH FL	
TITLE	AV	<input type="checkbox"/> DELETE
NAME	CATHEY, TODD M	
STREET ADDRESS	2870 FOREST HILL BLVD	
CITY-ST-ZIP	WEST PALM BCH FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	MARTIN, GERALD A	
STREET ADDRESS	1665 PALM BCH LKS BLVD	
CITY-ST-ZIP	WEST PALM BCH FL	

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	President / Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	Cathey, Gloria A.	
3. STREET ADDRESS	2870 Forest Hill Blvd	
4. CITY-ST-ZIP	West Palm Bch, Fl.	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: **4-27-96** Day/Mo/Yr
Day/Mo/Yr: **407 967-2445**

CR2E034 (12/95)