## 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 # G63325

Corporation Name

CATHEY'S R.V., INC.

				•
Principal	Place	of	Business	

Mailing Address

2870 FOREST HILL BLVD WEST PALM BCH FL 33406 2870 FOREST HILL BLVD WEST PALM BCH FL 33406

## FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90089 040 \*\*\*150.00



11201 17124 00	OCH LC 20400			DO NOT WRITE IN THIS SPACE				
				3. Date Incorporated or Qualifed				
	,		,			10/03/1983	· · · · ·	
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	Applied For	
21		26				59-2328515	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			_	5. Certificate of Status Desired	3.75 Additional Fee Required	
22		27						
City & State	e .	City & State				1 " "   1	5.00 May Be Added to Fees	
23	Country	28   Zip	Count	ha.	_			
Zip	Country	29 3	_	u y		8. This corporation owes the current year Intangible Personal Property Tax.		
24	9. Name and Address of Currer		<u>v,</u>			10. Name and Address of New Registered Ager	it	
	9. Italia and Address of Care	it itegistered Agent	1	31 Na				
- MAR	tin, gerlad a.							
	PALM BEACH LAKES BOULEV	ARD	) [	32   St	reet Addre	ess (P.O. Box Number is Not Acceptable)		
	E 700, FORUM III-TOWER B		18	33		* * *		
	T PALM BEACH FL 33401		· [					
			[8	34 Ci	ty	FI 85	Zip Code	
44 - 50	to the provisions of Sections COZ DEC	2 and 607 1509 Florida Statutos	the sh		med corpo	pration submits this statement for the purpose of chan	ı aina its reaistered	
office or re	egistered agent, or both, in the State	of Florida. Such change was aut	honzed t	ov the (	corporation	n's board of directors. I hereby accept the appointment	nt as registered	
agent, I ar	m familiar with, and accept the obliga	itions of, Section 607.0505, Florid	la Statut	es.				
SIGNATURE		ALCO MANAGEMENT (MOTE: E	legistored A	mant alex	ot ira required	when reinstating) DATE		
12.	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: K	13.	Anır sığı	arona nadrinao	ADDITIONS/CHANGES TO OFFICERS AND DI	RECTORS IN 12	
TITLE	P	DELETE	1.1 TITL	E			Change	
NAME	CATHEY, GLORIA A.		1.2 NAM					
	2870 FOREST HILL BLVD			EET ADDI	2566	•		
STREET ADDRESS	WEST PALM BEACH FL				C35			
CITY-ST-ZIP	T T T T T T T T T T T T T T T T T T T	☐ DELETE	2.1 TITL	'-ST-ZIP	-+		Change Addit	
TITLE	CATHEV CADE IN ID				- [		,	
NAME	CATHEY, CARL W., JR.		2.2 NAW		2500			
STREET ADDRESS	1582 12TH FAIRWAY			EET ADDI				
CITY-ST-ZIP	WEST PALM BEACH FL.	□ DELETE -	2. 4 CIT	Y-ST-ZIP	<del>-  </del>	v	Change Addit	
TITLE	S					· · · · · · · · · · · · · · · · · · ·	go	
NAME	MARSH, TMARA C.		3.2 NAM					
STREET ADDRESS	2870 FOREST HILL BLVD.			EET ADD				
CITY-ST-ZIP	WEST PALM BEACH FL	F*1 p.c. FTF		Y-\$T-ZIP -			Change	
TITLE	AV	☐ DELETÉ	4.1 TITU		1			
NAME	CATHEY, TODD M.		4. 2 NA					
STREET ADDRESS	2870 FOREST HILL BLVD.		ł	EET ADD	RESS			
CITY-ST-ZIP	WEST PALM BEACH FL			-ST-ZIP			Change ☐ Addit	
TITLE	AS	☐ DELETE	5.1 TITL				Change	
NAME	Martin, Gerald A.		5.2 NAV					
STREET ADDRESS	1665 PALM BCH LKS BLVD.			EET ADD	RESS			
CITY-ST-ZIP	WEST PALM BEACH FL			-ST-ZIP			Ob	
TITLE		☐ DELETE	6.1 TITL				Change	
NAME			6.2 NAM	_		. '		
STREET ADDRESS	,		6.3 STR	EET ADD	RESS			
CITY-ST-ZIP			6.4 CITY	-ST-ZIP				

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-59 Oate 561-965-4593