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

CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

J35799

(2)

FILED Apr 10 1998 8:00am Secretary of State

KATZ S	SPECIALTIES, INC.				
Principal Place	e of Business	Mailing Address	· · · · · · · · · · · · · · · · · ·	-}	IOIC BIDIC BIDIS DIDII DIDII BIDII BIDII IBDI
% JOSEPH E. KATZ 302 N. GRENWOOD AVE LEHIGH ACRES FL 33972 US		% JOSEPH E. KATZ 302 N. GRENWOOD AVE LEHIGH ACRES FL 33972 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
				10/01/1986	
2. Principal Pi	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
	Lecland Hats Blyd		1 Hapts Blyd	59-2736840	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.			\$8.75 Additional Fee Required
City & State 23 Lehig	th Acres FL	City & State 28 Lchiah Acre		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 339	136 25 LEC	Zip 29 33936 30	Country	This corporation owes or has paid Personal Property Tax due June 30). X Yes No
	g. Name and Address of Current	Registered Agent	041 11 11	10. Name and Address of New Regis	stered Agent
KATZ, JOSEPH E. 81 Name					
302 N. GREENWOOD AVE. LEHIGH ACRES FL 33936			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		ł
			84 City		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 register 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 register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE					
	Signature, typed or printed namin of registered agent		sistered Agent signature require		DATE
12.	OFFICERS AND		13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICER	Change Addition
NAME	KATZ, RACHEL W.		1.2 NAME		Change C Addition
STREET ADDRESS	302 N GREENWOOD AVE	l l	1.3 STREET ADDRESS		<u> </u>
CITY-ST-ZIP	LEHIGH ACRES FL		1.4 CITY-ST-ZIP		
TITLE	VD	DELETE	2.1 TITLE		Change Addition
HAME	KATZ, JOSEPH E.		2.2 NAME		
STREET ADDRESS	302 N GREENWOOD AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	LEHIGH FL	· ·	2. 4 CITY-ST-ZIP		1
TITLE			3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.3 TITLE		Change Addition
NAME			4. 2 NAME ·		
STREET ADDRESS		1	4.3 STREET ADDRESS		Ì
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		1
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		ì
STREET ADDRESS			6.3 STREET ADDRESS		

14. Thereby 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.

CITY-ST-ZIP

940368-3415