FILED Apr 20, 1999 8:00 am Secretary of State 04-20-1999 90104 026 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT	#	J45867
4 Corneration Name		0.000.

GARY M	CATENAC, CORP.									
Principal Place	e of Business	Mailing Add	tress							
2535 LANDMAR CLEARWATER I US		2535 LANDM CLEARWATE	rsburg Corpor Iark Dr.#107 R FL 33761	ate serv	/ICES. INC.		DO NOT WRITE IN T	HIS SPACE		
	•	US				1	Date Incorporated or Qualifed 12/04/1986			
— ·	Place of Business	<u> </u>	Address			4. F	El Number		olied For	
21 [Suite, Apt.	# ata	26 Suito A	pt. #, etc.				59-2746231	\$8.75.A	Applicable	
22	#, BIC.	27 Suite, A	# 50	- 205	/ · ie		Certificate of Status Desired	Fee Re		
City & Stat	ie .	City & S	State			l l	Election Campaign Financing Trust Fund Contribution	\$5.00 Added t		
Zip	Country 25	Zip	30	Country		l l	This corporation owes the current yea Personal Property Tax.		□No	
24	9, Name and Address of Current	11		<u>'l</u>			Name and Address of New Register			
	9. Name and Address of Current	Registered Ag		81	Name	10				
	PETERSBURG CORPORATE SERV	ICES, INC.		82	Street Ad	Idress (P.0	O. Box Number is Not Acceptable)	_		
	O CENTRAL AVENUE, STE 201 PETERSBURG FL 33710			83				_		
								. 85 Zip C	'odo	
				84	1 7			-L `		
11. Pursuant office or ragent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State or familiar with, and accept the obligation	and 607.1508, f Florida. Such ons of, Section	Florida Statutes, change was auth 607.0505, Florida	the above orized by Statutes	e-named co the corpora :	orporation ation's boa	submits this statement for the purpose and of directors. I hereby accept the ap	e of changing its opointment as req	registered gistered	
SIGNATURE	Signature, typed or printed name of registered agent	and title of applicable	/NOTE: Pa	raietered Area	nt signature requ	iired when rei	nstating) DATE	<u>-</u>	}	_
12.	OFFICERS AND		(10072.10	13.	in agriculturo respe		DDITIONS/CHANGES TO OFFICERS		RS IN 12	ç
TITLE	PST		DELETE	1.1 TITLE				☐ Change	Addition	3
NAME	CATENAC, GARY M.		-	1.2 NAME					,	2
STREET ADDRESS	2535 LANDMARK DRIVE #107			1.3 STREE	TADDRESS					ù
CITY-ST-ZIP	CLEARWATER FL			1.4 CITY-S	T-ZIP					ç
TITLE			☐ DELETE	2.1 TITLE				☐ Change	☐ Addition	(
NAME				2.2 NAME	.					
STREET ADDRESS				2.3 STREE	T ADDRESS					
~Cπy-st-zip-		پير د د منسنۍ بن و و		2:4 C/TY-5	ST-ZIP		م به هفته در افراد این افراد ا 			
TITLE			☐ DELETE	3.1 TITLE				☐ Change	☐ Addition	
NAME				3.2 NAME						
STREET ADDRESS	•			3.2 NAME						
					T ADDRESS					
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CITY-ST-ZIP			☐ DELETE	3.3 STREE 3.4. CITY-S 4.1 TITLE	ST-ZIP		·	☐ Change	☐ Addition	
		· · ·	□ DELETE	3.3 STREE 3.4. CITY-S	ST-ZIP			☐ Change	Addition	
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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)(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 figurined 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. 727-796-2261

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP