


FILED

Feb 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # K02826 (1)
1. Corporation Name
CATHERINE WEBER AND ASSOCIATES, U.S., INC.

Principal Place of Business	Mailing Address
8640 SEMINOLE BLVD SEMINOLE FL 33772 US	SITE 3 BOX 44 RR 1 BRECHIN ON LOK1B IIS

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/17/1987			
4. FEI Number 98-0086696	<table border="1"> <tr> <td>Applied For</td> </tr> <tr> <td>Not Applicable</td> </tr> </table>	Applied For	Not Applicable
Applied For			
Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

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

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HOFSTRA, PETER T. 8640 SEMINOLE BLVD SEMINOLE FL 34642		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

12.		13.	14.	
OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPS	1.1 TITLE		
NAME	WEBER, CATHERINE	1.2 NAME		
STREET ADDRESS	SITE 3, BOX 44	1.3 STREET ADDRESS		
CITY - ST - ZIP	BRECHHIN, ON LOK 1B0 CANADA	1.4 CITY - ST - ZIP		
TITLE	DV	2.1 TITLE		
NAME	WEBER, ROLAND	2.2 NAME		
STREET ADDRESS	SITE 3, BOX 44	2.3 STREET ADDRESS		
CITY - ST - ZIP	BRECHHIN, ON LOK 1B0 CANADA	2.4 CITY - ST - ZIP		
TITLE		3.1 TITLE		
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY - ST - ZIP		3.4 CITY - ST - ZIP		
TITLE		4.1 TITLE		
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY - ST - ZIP		4.4 CITY - ST - ZIP		
TITLE		5.1 TITLE		
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY - ST - ZIP		5.4 CITY - ST - ZIP		
TITLE		6.1 TITLE		
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
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.

SIGNATURE:

WIRE ONLINE WEBER

2 Jan 20

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CR2E034 (10/97)