

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 14 AM 8:25

DOCUMENT # K57762 (2)

1. Corporation Name
THE CATALYST GROUP, INC.

Principal Place of Business Mailing Address
**1190 U.S. HIGHWAY #1
ORMOND BEACH FL 32174-2997** **1190 U.S. HIGHWAY #1
ORMOND BEACH FL 32174-2997**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
01/04/1989 **03/08/1994**

4. FEI Number Applied For
59-2926151 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing \$5.00 May Be Added to Fees
Trust Fund Contribution

8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 2a State, Apt. #, etc. State, 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

**ADAMS, LARRY L.
1190 U.S. HIGHWAY #1
ORMOND BEACH FL 32074**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: _____ DATE: _____
Signature required for this type of registration agent and the filing agent Registered Agent signature required when re-registering

12. OFFICERS AND DIRECTORS	
TITLE	ST
NAME	ADAMS, LARRY L.
STREET ADDRESS	687 OCEANSHORE BLVD.
CITY-ST-ZIP	ORMOND BEACH FL
TITLE	V
NAME	DABNEY, DAY
STREET ADDRESS	205 N VICTORY BLVD
CITY-ST-ZIP	BURBANK CA
TITLE	V
NAME	KOVACH, GISELA
STREET ADDRESS	205 N VICTORY BLVD
CITY-ST-ZIP	BURBANK CA
TITLE	P
NAME	JENNINGS, WILLIAM F.
STREET ADDRESS	25 SHADOW CREEK WAY
CITY-ST-ZIP	ORMOND BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I, the filer, certify that the information provided with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(9)(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 trustee or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name as appears on Block 12 or Block 13 is signed, or on an official document with an address.

SIGNATURE: *Larry L Adams* U.S. 8 Mar 95 904-671-9839
MONATYPE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone