

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

FILED

Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # K69525 (9)
 1. Corporation Name
KATYCO TEMPORARY LEGAL SECRETARIES, INC.



Principal Place of Business 1005 LAKE AVENUE LAKE WORTH FL 33460 US	Mailing Address 416 S COUNTRY CLUB DR ATLANTIS FL 33462-1204 US
---	---

2. Principal Place of Business 21 9231 Sun Pointe Drive Suite, Apt. #, etc.		2a. Mailing Address 26 9231 Sun Pointe Drive Suite, Apt. #, etc.		3. Date Incorporated or Qualified 03/02/1989	3a. Date of Last Report 04/23/1996
22 City & State 23 Boynton Beach, FL Zip Country 24 33437 25 U.S.		27 City & State 28 Boynton Beach, FL Zip Country 29 33437 30 U.S.		4. FEI Number 65-0106617	Applied For Not Applicable
9. Name and Address of Current Registered Agent VANMORKHOVEN, MARCEL 416 S COUNTRY CLUB DR ATLANTIS FL 33462		10. Name and Address of New Registered Agent		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
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.		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 9231 Sun Pointe Drive 83 84 City Boynton Beach FL 85 Zip Code 33437		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

SIGNATURE *Marcel P. VanMorkhoven* **Marcel P. VanMorkhoven** **04/06/97**
 Signature, typed or printed name of registered agent and title if applicable (NOTE - Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANMORKHOVEN, KAY SHORT	1.2 NAME	
STREET ADDRESS	416 S COUNTRY CLUB DRIVE	1.3 STREET ADDRESS	9231 Sun Pointe Dr.
CITY-ST-ZIP	ATLANTIS FL	1.4 CITY-ST-ZIP	Boynton Beach, FL 33437
TITLE	DVT <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANMORKHOVEN, MARCEL	2.2 NAME	
STREET ADDRESS	416 S COUNTRY CLUB DRIVE	2.3 STREET ADDRESS	9231 Sun Pointe Dr.
CITY-ST-ZIP	ATLANTIS FL	2.4 CITY-ST-ZIP	Boynton Beach FL 33437
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANMORKHOVEN, MARCEL	3.2 NAME	
STREET ADDRESS	416 S COUNTRY CLUB DRIVE	3.3 STREET ADDRESS	9231 Sun Pointe Dr.
CITY-ST-ZIP	ATLANTIS FL	3.4 CITY-ST-ZIP	Boynton Beach, FL 33437
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: *Kay Short* **Kay Short** **04/06/97** **5761-237-1190**

CR2E034 (9/96)