

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

DOCUMENT # **K84679** (5)

MAY -1 AM 5:10

1. Corporation Name
CATALINA CENTRE DEVELOPMENT CORP.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **1755 N. CONGRESS AVENUE BOYNTON BEACH FL 33426**
Mailing Address: **1755 N. CONGRESS AVENUE BOYNTON BEACH FL 33426**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/01/1989**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business: **21** 2a. Mailing Address: **26**
4. FFI Number: **65-0225557** Applied For: Not Applicable:

22. Suite, Apt. # etc.: **27** 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

23. City & State: **28** 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

24. Zip: **25** Country: **29** 30. Country: **30** 8. This corporation has liability for intangible tax under 5-192.012 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **CRITCHFIELD, RICHARD H. 1745 N. CONGRESS AVENUE BOYNTON BEACH FL 33426**
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 607.02(7) and 607.02(8) 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 the Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '94	
TITLE: P	WALSH, MARK	1. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:	1769 N. CONGRESS AVENUE	2. NAME:	
STREET ADDRESS:	BOYNTON BCH FL	3. STREET ADDRESS:	
CITY, ST, ZIP:		4. CITY, ST, ZIP:	
TITLE: S	CRITCHFIELD, RICHARD H	5. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:	2499 GLADES RD STE 202	6. NAME:	
STREET ADDRESS:	BOCA RATON FL	7. STREET ADDRESS:	
CITY, ST, ZIP:		8. CITY, ST, ZIP:	
TITLE: VP	MCMURRAIN, THOMAS T	9. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:	1769 N. CONGRESS AVE	10. NAME:	
STREET ADDRESS:	BOYNTON BCH FL	11. STREET ADDRESS:	
CITY, ST, ZIP:		12. CITY, ST, ZIP:	
TITLE:		13. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		14. NAME:	
STREET ADDRESS:		15. STREET ADDRESS:	
CITY, ST, ZIP:		16. CITY, ST, ZIP:	
TITLE:		17. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		18. NAME:	
STREET ADDRESS:		19. STREET ADDRESS:	
CITY, ST, ZIP:		20. CITY, ST, ZIP:	

14. I, the hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 330.07(3)(b), 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 of this report, or on an attachment with an address.

SIGNATURE: *Mark Walsh* Mark Walsh 4/30/95 407-279-9900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED PERSON OR DIRECTOR