

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **K84679 (5)**

1. Corporation Name  
**CATALINA CENTRE DEVELOPMENT CORP.**



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

3. Date Incorporated or Qualified: **05/01/1989**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **65-0225557**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business  
21 **1100 Linton Blvd**  
Suite, Apt. #, etc.: **Suite C-9**  
City & State: **Delray Beach FL**  
Zip: **33444**  
Country: **USA**  
2a. Mailing Address  
26 **P.O. Box 4727**  
Suite, Apt. #, etc.:  
27  
City & State: **Portsmouth NH**  
Zip: **03802**  
Country:

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 607.0502 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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>WALSH, MARK</b>	
STREET ADDRESS	<b>1769 N. CONGRESS AVENUE</b>	
CITY - ST - ZIP	<b>BOYNTON BCH FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>CRITCHFIELD, RICHARD H</b>	
STREET ADDRESS	<b>2499 GLADES RD STE 202</b>	
CITY - ST - ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>MCMURRAIN, THOMAS T</b>	
STREET ADDRESS	<b>1769 N. CONGRESS AVE</b>	
CITY - ST - ZIP	<b>BOYNTON BCH FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>Walsh, Mark</b>	
13 STREET ADDRESS	<b>1100 Linton Blvd Ste C-9</b>	
14 CITY - ST - ZIP	<b>Delray Beach FL 33444</b>	
21 TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>Critchfield, Richard</b>	
23 STREET ADDRESS	<b>1100 Linton Blvd Ste C-4</b>	
24 CITY - ST - ZIP	<b>Delray Beach FL 33444</b>	
31 TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>M. Murrain, Thomas</b>	
33 STREET ADDRESS	<b>1100 Linton Blvd Ste C-9</b>	
34 CITY - ST - ZIP	<b>Delray Beach FL 33444</b>	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, 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: *Mark Walsh Pres.* DATE: **4/29/96** **407 279 9900**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **MARK WALSH**

CR2E034 (12/95)