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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **K95696**

1. Corporation Name KATCHA. INC.

FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90056 047 ***150.00

Principal Place	e of Business	Mailing Address				1 (38(8(1) 5) 9 (5) 9 (1) 5 (1)	10115 0111 61611 01		1917 21911 1991
C/O KATHERIN	E R. HAAF	C/O KATHERINE R. HA	AAF			1			
6637 32ND ST. NORTH		6637 32ND ST. NORTH							
ST. PETERSBURG FL 33702		ST. PETERSBURG FL 33702				RITE IN THIS	SPACE		
US		US				3. Date Incorporated or Qualife 06/14/1989	d		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	1	Ap	plied For
21		26			59-2954730	· · ·	No.	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A	I .
22		27				5. Carment of Clares		Fee Re	quired
City & State	e :	City & State				6. Election Campaign Financing	g 🗆	\$ 5.00	
23		28				Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip	Co	untry		8. This corporation owes the cu	irrent year Int		
24	25	29	30			Personal Property Tax.		☐Yes	□No
	9. Name and Address of Curr	ent Registered Agent		 		10. Name and Address of New	Registered	Agent	
	C VATHEDME D			81	Name				ì
	F, KATHERINE R			82	Street Addr	ess (P.O. Box Number is Not Accep	otable) ·		-
	32ND ST. NORTH						· .		
81. į	PETERSBURG FL 33702			83	•				
				84	City			85 Zip (Code
					•		FL]
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida St	tatutes, the a	above-r	named corp	oration submits this statement for th	e purpose of	changing its	registered
office or r	egistered agent, or both, in the Stat m familiar with, and accept the obli	te of Florida. Such change wa	as authonze	a by th	e corporation	on's board of directors. I hereby acc	ept the appoi	niment as rei	gistered
agent. 1 a	III (allimar Will), and decept the con-	gationio oi, ecciicii corriecto,	,						,
									(
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (A	NOTE: Registere	ed Agent si	ignature require	d when reinstating)	DATE		
SIGNATURE		gent and title if applicable. (A	NOTE: Registere		ignature require	d when reinstating) ADDITIONS/CHANGES TO C			
			13.		signature require			ID DIRECTO	DRS IN 12
12.	OFFICERS A	AND DIRECTORS	13. E 1.17		signature require				
12.	PD OFFICERS A	AND DIRECTORS	13. E 1.17	TITLE					
12. TITLE NAME STREET ADDRESS	OFFICERS A PD HAAF, KATHERINE R	AND DIRECTORS	13. E 1.1 T 1.2 N 1.3 S	TITLE VAME	DDRESS				
12. TITLE NAME	PD HAAF, KATHERINE R 6637 32ND ST N	AND DIRECTORS	13. E 1.17 1.2 N 1.3 S 1.4 C	TITLE NAME STREET AL	DDRESS				
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAAF, KATHERINE R 6637 32ND ST N	AND DIRECTORS	13. E 1.17 1.2N 1.3 \$ 1.4 C E 2.17	TITLE NAME STREET AL	DDRESS	ADDITIONS/CHANGES TO C	DFFICERS AN	☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD HAAF, KATHERINE R 6637 32ND ST N	AND DIRECTORS	13. E 1.17 1.2 N 1.3 S 1.4 C E 2.1 T 2.2 N	TITLE NAME STREET AG CITY-ST-Z	DDRESS ZIP	ADDITIONS/CHANGES TO C	DFFICERS AN	☐ Change	Addition
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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, with all other like empowered.

SIGNATURE: