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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P93000030893 (0)**

1. Corporation Name
CAT X CONSULTING GROUP, INC.

Principal Place of Business	Mailing Address
~~1320 W ROYAL PALM RD~~ 23427 DRAYTON DRIVE ~~BOCA RATON FL 33486-4418~~ BOCA RATON FL 33433	~~1320 W ROYAL PALM RD~~ 23427 DRAYTON DRIVE ~~BOCA RATON FL 33486-4418~~ BOCA RATON FL 33433

3. Date Incorporated or Qualified: 04/28/1993
3a. Date of Last Report: 04/10/1996

2. Principal Place of Business	2a. Mailing Address
21 23427 DRAYTON DRIVE	26 23427 DRAYTON DRIVE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: BOCA RATON, FL	28 City & State: BOCA RATON, FL.
24 Zip: 33433-7273 25 Country: PALM BEACH	29 Zip: 33433-7273 30 Country: PALM BEACH

4. FEI Number: 65-0430983 ☐ Applied For ☐ Not Applicable

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~~

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DUNCAN, SAMUEL R. ~~1320 WEST ROYAL PALM ROAD~~ 23427 DRAYTON DRIVE BOCA RATON FL ~~33486~~ 33433 561-362-0131	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: Sam Duncan — SAM DUNCAN, PRESIDENT — 4/9/97
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	PD ☐ DELETE	1.1 TITLE	PD ☑ Change ☐ Addition
NAME	DUNCAN, SAM	1.2 NAME	DUNCAN, SAM
STREET ADDRESS	1320 W ROYAL PALM RD	1.3 STREET ADDRESS	23427 DRAYTON DRIVE
CITY-ST-ZIP	BOCA RATON FL 33486-4418	1.4 CITY-ST-ZIP	BOCA RATON, FL. 33433-7273
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: Sam Duncan — SAM DUNCAN, PRES. — 4/9/97 — 561-362-0265
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #