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PROFIT CORPORATION **ANNUAL REPORT**



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

1996

DOCUMENT #
1. Corporation Name P93000056855 (8)

CAT	PRODUCTION	IS INC



Principal Place of Business 1470 NE 4TH CT. BOCA RATON FL 33432		SUITE 304	1355 W. PALMETTO PARK		T TO BETT A TO THE PART OF THE POLICE STATE STAT			
					3. Date Incorporated or Qualified 08/11/1993	3a. Date o	f Last Re 01/199	,
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number			Applied For
Suite, Apt.	# elc	Suite Ant # ata			65-0429255			Not Applicable
22		Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required
City & Stat		City & State 28			6. Election Campaign Financing Trust Fund Contribution			0 May Be d to Fees
Ζiρ	Country	Zφ	Cou	ntry	8. This corporation has liability for	ıntangible tax ı	under s	199.032,
24	25 9. Name and Address of Currer	29	30			₩ No		
	3. Maile and Address of Correr	ni Registereo Agent		81 Name	10. Name and Address of New R	legistered Ag	ent	
OTMOV	TAND CANDO							
	LAND, SANDRA			82 Street Add	dress (P.O. Box Number is Not Acceptab	ile)		
	E 4TH CT.			83				
DUUA F	RATON FL 33432			Ų.J				
			j	84 City		_ .	85 Zip	Cade
11. Pursuant	to the provisions of Sections 607 0502	2 and 607 1508. Florida Stat	tutes the above	ro paggad nome	oration submits this statement for the pur ard of directors. Thereby accept the appo	FL		
SIGNATURE 12.	Superform typed or priced have all registration and OFFICERS ANI	Carlo tre-diagnoliable	ένοτε 5ε js5-red ■ 13.	Agent Segrature become		DAIL	in oto	
	1.50				ADDITIONS/CHANGES TO OFF	ICERS AND DI	RECTO	HS IN 12
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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 penular 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 3 if changed, or on an attachment with an address

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR