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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P93000060041 (9) **DOCUMENT #** 1. Corporation Name

CATALYST DEVELOPERS SERVICES, INC.									
Principal Place of Business			ailing Address			a continui tin talon ditil solet a	BOLL BARKE BOKE BILLI BI	ANN BANKA BNEAN NIBE NOBE	
5424 PALM ORLANDO	I LAKE CIRCLE FL 32819	5424 PALM LAKE CIRC ORLANDO FL 32819							
2 Principal Pla	ace of Business	r <u>-</u>		4		3. Date Incorporated or Qualified 08/26/1993	3a. Date of La 05/0	est Report 1 /1995	
21	ace or business	2a. 26	Mailing Address			4. FEI Number		Applied For	
Suite, Apt.	#, etc.	20	Suite, Apt. #, etc.			59-3201618		Not Applicable	
City & State		27	Oity & State		·	5. Certificate of Status Desired		.75 Additional ee Required	
23		28	Oity it State			6. Election Campaign Financing Tayot Fund Cantilly Visa		5.00 May Be	
Zip	Country		Ζφ	Country		Trust Fund Contribution 8. This corporation has liability for	A	dded to Fees	
24	25	29		30			intangible tax unde	ar s. 199.032,	
<u> </u>	9. Name and Address of Curre	nt Regist	ered Agent			10. Name and Address of New F			
				81	Name				
CARTER, SION M					Street Add	dress (P.O. Box Number is Not Acceptab	yla)		
THOMAS & CARTER ATTORNEYS AT LAW				82			ne)		
401 E.	JACKSON STREET, SUITE 10	1		83					
OHLAN	IDO FL 32801			84	City			-	
11 Durament to	the area in the second			- 1	•		FL 85	Zip Code	
or registere	o the provisions of Sections 607,050 ed agent, or both, in the State of Flor	2 and 607 ida: Such	'.1508 Florida Statu change was authori	ities, the above r	artied corpo	pration submits this statement for the pur	pose of changing	its registered office	
familiar with	h, and accept the obligations of, Sec	tion 607.0	505. Florida Statute	is.	oresion i e i kaje	pration submits this statement for the pur are of directors. Thereby accept the appo	ointment as registe	red agent. I am	
Signature.	Signature type for printed run in of regularizations.	diacellare das	anitable to	RZE Pojeduned Agen	e a de la composição de l	and the second s			
12.	OFFICERS AN			13.		ADDITIONS/CHANGES TO OFF	DATE	27.000.00.140	
TITLE	D		DECETE	1 TITLE		NODITIONS OF INNOES TO OFFI	CERS AND DIREC		
NAME	RIEDER, CHRISTOPHER D			1.2 NAME			Ongr	de [] voquio:	
STREET ADDRESS	5424 PALM LAKE CIRCLE			1.3 STREET	ADDRESS				
CITY-ST ZIP	ORLANDO FL 32819			1.4 CITY - S	- 1				
TITLE			[] DELETE	2.1 Title			Chan	ge Addition	
NAME				2.2 NAME				ge [] (1001/5)	
STREET ADDRESS				2.3 STREET	ADDRESS				
CITY-ST-ZIP				2.4 CITY - SI	-21F				
TITLE			☐ DELFTE	3 1 THILE			[] Chang	ge Addition	
NAME				3.2 NAME				_	
STREET ADDRESS				33 STREET	ADDRESS				
CITY - ST - ZIP TITLE				3.4 C/TY - ST	- 709			į	
			DELF 1E	4 1 T:TLE	İ		Chang	ge 🔲 Addition	
NAME STOSET ADDOCCE				4.2 NAM?					
STREET ADDRESS				4.3 STREET A				İ	
CITY-ST-ZIP TITLE			- Drutte	4.4 CITY - ST	- 7IP				
NAME			DELETE	5 1 TITLE			☐ Chang	ge 🔲 Addition	
STREET ADDRESS				5.2 NAME	_				
CITY - ST - ZIF				5.3 STHEFT A					
THE			DELETE	5.4 City - St	- ZIF				
NAME			La carrie	6 1 TIFLE	ļ		Chang	ge 🔲 Addition	
STREET ADDRESS				6.2 NAME	Service .			Ì	
CITY - ST - ZIP				6.3 STREET A	DUHESS				

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 armusi report is true and accurate and that my signature shall have the same legal effect as if made under appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: CHRISTORIER D. REDER 4/29/44 407-24048884

CR2E034 (12/95)