

**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 # **P93000069440 (4)**

1. Corporation Name  
**CATALINA RESOURCES, INC.**



Principal Place of Business	Mailing Address
405 N. REO ST. SUITE 240 TAMPA FL 33630	3225 S. MACDILL AVE. SUITE 130 TAMPA FL 33629

3. Date Incorporated or Qualified <b>10/06/1993</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>59-3204260</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 <b>220 E. Madison St.</b>	26
Suite, Apt. #, etc. 22 <b>Suite 1011</b>	27 Suite, Apt. #, etc.
City & State 23 <b>Tampa FL</b>	28 City & State
Zip 24 <b>33602</b>	Country 25 <b>USA</b>
29	30

9. Name and Address of Current Registered Agent

**MCNAMARA, THOMAS P**  
**101 E. KENNEDY BLVD.**  
**SUITE 4100**  
**TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name	<b>McNamara, Thomas P.</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>2909 Bay to Bay Blvd.</b>
83	<b>Suite 309</b>
84 City	<b>Tampa</b>
85 Zip Code	<b>FL 33629</b>

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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>REED, DAVID H</b>	
STREET ADDRESS	<b>3606 SAN PEDRO ST.</b>	
CITY-ST-ZIP	<b>TAMPA FL 33629</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

1.1 TITLE	<b>Director/President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>David H. Reed</b>	
1.3 STREET ADDRESS	<b>4002 San Juan St.</b>	
1.4 CITY-ST-ZIP	<b>Tampa, FL 33629</b>	
2.1 TITLE	<b>Director/Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Ellen M. Reed</b>	
2.3 STREET ADDRESS	<b>4002 San Juan St.</b>	
2.4 CITY-ST-ZIP	<b>Tampa, FL 33629</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 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: *[Signature]* **David H. Reed** 4/25/96 (813) 986-9720

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (12/95)