

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**May 20 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P93000069440 (4)
1. Corporation Name
CATALINA RESOURCES, INC.



Principal Place of Business: **220 E MADISON ST STE. 615 TAMPA FL 33602 US**

Mailing Address: **3225 S. MACDILL AVE. SUITE 130 TAMPA FL 33629**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 **5300 W. Cypress St.**
Suite, Apt. #, etc.
22 **Suite 130**
City & State
23 **Tampa, FL**
Zip
24 **33607** Country
25 **USA**

2a. Mailing Address
26 **5300 W. Cypress St.**
Suite, Apt. #, etc.
27 **Suite 130**
City & State
28 **Tampa, FL**
Zip
29 **33607** Country
30 **USA**

3. Date Incorporated or Qualified
10/06/1993

4. FEI Number
59-3204260

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**MCNAMARA, THOMAS P
2909 BAY TO BAY BLVD
STE 309
TAMPA FL 33629**

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, DAVID H.	1.2 NAME	
STREET ADDRESS	4002 SAN JUAN ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 5300 W. Cypress St. Suite 130 Tampa, FL 33607	1.4 CITY-ST-ZIP	
TITLE	DT <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, ELLEN M.	2.2 NAME	
STREET ADDRESS	4002 SAN JUAN ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	Robnick, Charles <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chairman, Director	3.2 NAME	
STREET ADDRESS	5300 W. Cypress St., Suite 130	3.3 STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL 33607	3.4 CITY-ST-ZIP	
TITLE	D, VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Reed, Chris	4.2 NAME	
STREET ADDRESS	5300 W. Cypress St., Suite 130	4.3 STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL 33607	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steven Schloss	5.2 NAME	
STREET ADDRESS	5300 W. Cypress St., Suite 130	5.3 STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL 33607	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE _____

CR2E034 (10/97)