

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

3. Date Incorporated or Qualified

10/06/1993

4. FEI Number

58-3204260

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

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

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

Signature, typed or printed name of agent and date of signature

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ~~DR~~ ~~DR~~ LEO  
NAME REED, DAVID H.  
STREET ADDRESS 4002 SAN JUAN ST  
CITY-ST-ZIP TAMPA FL 33607  
5300 W. Cypress St.  
Suite 130  
Tampa, FL 33607

☐ DELETE

TITLE DT  
NAME REED, ELLEN M.  
STREET ADDRESS 4002 SAN JUAN ST  
CITY-ST-ZIP TAMPA FL

☒ DELETE

TITLE ROSENICK, Charles  
NAME Chairman, Director  
STREET ADDRESS 5300 W. Cypress St., Suite 130  
CITY-ST-ZIP Tampa, FL 33607

☐ DELETE

TITLE D, VP  
NAME Reed, Chris  
STREET ADDRESS 5300 W. Cypress St., Suite 130  
CITY-ST-ZIP Tampa, FL 33607

☐ DELETE

TITLE D  
NAME Steven Schloss  
STREET ADDRESS 5300 W. Cypress St., Suite 130  
CITY-ST-ZIP Tampa, FL 33607

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

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.

CR2E034 (10/97)