

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

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90118 018 ***150.00

0578602

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P93000069440

1. Corporation Name
CATALINA RESOURCES, INC.



Principal Place of Business Mailing Address
5300 W CYPRESS ST **5300 WCYPRESS ST**
STE 130 **STE 130**
TAMPA FL 23360 **TAMPA FL 33607**
US **US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip 24 **33607** 25 Country 29 Zip 30 Country

3. Date Incorporated or Qualified
10/06/1993
 4. FEI Number **59-3204260** 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 the current year intangible Personal Property Tax. 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

TITLE	CEO	<input type="checkbox"/> DELETE
NAME	REED, DAVID H.	
STREET ADDRESS	5300 W CYPRESS ST	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	REED, ELLEN M.	
STREET ADDRESS	4002 SAN JUAN ST	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROSNICK, C	
STREET ADDRESS	5300 W CYPRESS ST, STE 130	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	REED, C	
STREET ADDRESS	5300 W CYPRESS ST, STE 130	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHLOSS, S	
STREET ADDRESS	5300 W CYPRESS ST, STE 130	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	TREASURER
2.3 STREET ADDRESS	DEBORAH R. RESNICK
2.4 CITY-ST-ZIP	5300 W. CYPRESS ST, SUITE 130
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	C.D.
3.3 STREET ADDRESS	CHARLES R. RESNICK
3.4 CITY-ST-ZIP	5300 W. CYPRESS ST, SUITE 130
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 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, with all other like empowered.

SIGNATURE: *Deborah R. Resnick* **REQUIRED** *March 24, 1999* **813-289-6223**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F034-(11/98)