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

P93000070262 (9)

DOCUMENT # 1. Corporation Name

KATHERINE'S FANTASY, INC.



Principal Place of Business Mailing Address							
21800 S.W. 97 CT. 21800 S.W. 97 CT.							
MIAMI FL 3319	U	MIAMI FL 33190				Ta Data et la co	Bood
					3. Date Incorporated or Qualified 10/01/1993	3a. Date of Las 05/02/1	995
2. Principal Plac	e of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			65-0456154		Not Applicable
Suite, Apt. #	etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		75 Additional e Required
City & State		City & State		6. Election Campaign Financing		.00 May Be	
23		28	Count		Trust Fund Contribution B. This corporation has liability for	AC	ided to Fees
Zip	Country	Zip 29	Count	ıy	Florida Statutes Yes	Mo (an one)	100.002
24	25 9. Name and Address of Currer		301		10. Name and Address of New R	egistered Agent	
	9, Name and Addition of Control		8	1 Name			
GODWIN	KATHERINE J			5 50 1444	ress (P.O. Box Number is Not Acceptab	ia)	
21800 S.W. 97 CT.			8	2 Street Add	ress (F.O. Dox Northber is Not Pecopiac	,	
MIAMI FL 33190			8	3			
		1 10/01/2	ا	-		85	Zip Code
	1	, YWY	1	4 City		- 1-12 1	,
11. Pursuant to	the provisions of Sections 607,050	2 and 607.1500, Flords Statutes	, the above	-named corpo	ration submits this statement for the pul ard of directors. I hereby accept the app	pose of changing	it s registered office in ered agent. Lam
or registere	d agr/h, or both, in the State of Flori a and discertifie enlightions of Sec	ida "Such chantie was aumprized tio (1897) 05051 Florida Statutes.	Dy the co	rporation's boa	ard of directors. Thereby accept the app	JIIZU	Mills
!		1 18/1/4				1/1/0	199
SIGNATURE _	signature, typed or printed name of higistered agen			gent signature require	ed when reinstating: ADDITIONS/CHANGES TO OFF	DATE	TOPS IN 12
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	CERS AND DIREC	
TITLE	CPT KATHERINE GODWIN	DELETE	1. 1 7171				
NAME	21800 S.W. 97 CT.		1.2 NAN				
STREET ADDRESS	MIAMI FL 33190			EET ADDRESS			
CITY-ST-ZIP	VS VS	☐ DELETE	2. 1 TIT	1-ST-2IP	VSUD CODOLO	Char	ge Addition
THTLE	DAVID GODWIN	- <u>-</u>		40	MON SOUTH	_	_
NAME	19761 SW 79TH PLACE		22 NAM	EET AODRESS	2/800 310 41 0010	a n	
STREET ADDRESS	MIAMI FL 33189	1444 51 00400		Y-ST-ZIP	JAUID CODUIN 21800 SW 47 CWIL MIUMI, Y1. 331	y v	
CITY-ST-ZIP	1710 440 1 2 00 100	() DELETE	3 1 TIT	LE	THE THE TANK	☐ Chai	ge
TITLE		_	3 2 NA	}			
NAME OTREET ADODESE				REET ADDRESS			
STREET ADDRESS				Y-ST-ZIP			
CITY-S1-ZIF TITLE		DELETE	4 1 111			Cha	ige Addition
NAMS		-	4.2 NAI	NE			
STREET ADDRESS			4.3 STF	EE1 ADDRESS			
CITY-SF-ZIP			4.4 C1T	Y-ST-ZIP			
111LF		☐ DELETE	5 1 Til	LE		☐ Cha	nge 🗌 Addition
NAME			5 2 NA	VIE			
STREET ADDRESS			5.3 ST	REET ADDRESS			
CITY-ST-ZIP			5.4 CIT	Y-ST-ZIP			Thistee.
TITLE		☐ DELETE	6. 1 Ti	LE		☐ Cha	nge Addition
NAME			6.2 NA	ME			
STREET ADDRESS			6.3 \$71	REFT ADDRESS			
1			6.4 01	Y-ST-ZIP		07/21/W Florid- C	tot doe I fudbor
14. I do hereb	y certify that the information supplied	t with this filing is voluntarily furnis	shed and o	toes not qualify true and accu	for the exemption stated in Section 119 rate and that my signature shall have the	אטרנא), Fiorida 5.e same legal effect	as if made under

n or the receiver for trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name attachment with an address. certify that the information indicated on this annoath; that I am an officer or director of the corp appears in Block 12 or Block 14 / changed and

SIGNATURE: