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

PROFIT LLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS 97 NOV 20 AM 9: 55 DOCUMENT # P93000070279 SECRETARY OF STATE TALLAHASSEE FLORIDA SKIP'N KAT'S ENTERPRISES, Mailing Address Principal Place of Business P.O. BOX 4270 Key West, Fl KEY WEST, FL 33041 3. Date Incorporated or Qualified 3a. Date of Last Perport 04/08/96 10/08/93 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional X 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees Country Country 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CORPORATION SERVICE COMPANY 82 Street Address (P.O. Box Number is Not Acceptable) WOI HAYS ST. 83 TALLAHASSEE, FL 32301 84 Zip Cope 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 and the provisions of decreases and the conditions of the purpose of changing its registered of the purpose of changing its registered agent, or both, in the State of Horida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Distrib RESIDENT Change Addition TITLE NAME 1.2 NAME obert miles macleod 2E034 STREET ADDRESS 1.3 STREET ADDRESS CHTY-ST-ZIP 1.4 CHTY - \$1 - 7IP DITEIL . Change Addition TITLE 2111111 NAME 2.2 NAME 200002354212---7 -11/21/97--01080--002 STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY - \$1 - 7IP CITY-ST-ZIP ****173.75 *****173.75 🗀 оп ет Е TITLE 3.1 HH 3.2 NAM2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. C(1Y+\$1+7-P) 🔲 on me Change Add tion 413/11 TITLE 4-2 N6Mi NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 C(1Y+ST+7)P CITY-ST-ZIP DELETE TITLE 5.1 TIME Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY ST-70 CITY-ST-ZIP DELETE TITLE 61301.1 Change Addition NAME STREET ADDRESS 6.3 STREET ADDRESS Illing does not qualify for the exemption stated in Section 119 07(3)(i), Florida Statutes. I further certify that the ital annual report is true and accurate and that my's gnature shall have the same legal effect as if made under oath, that year funder certifications from the properties of the prop 14. I do hereby certify that the information supplied with this filing does not qualify

bbert M. Maclead

SKIP'N KAT'S ENTERPRISES, Inc. Robert M. MacLeod, President P.O. Box 4270 Key West, Florida 33041

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Sir/Madam:

Thank you for providing us with 201 COR Profit A/R Form. As I explained by telephone with your office on October 31, I failed to receive the 1997 Corporate Annual Report Form. This was apparently the result of a change in the corporation's mailing address in June of 1996. I was advised that by notifying your office of this fact by this letter and completing the enclosed form which you have provided, that the \$165 filing fee would still be sufficient.

I hope that I have followed your instructions appropriately and wish to express my appreciation for your consideration and prompt attention to this matter.

Sincerely

Robert MacLeod/President

Skip'n Kat's Enterprises, Inc.