

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000076062 (7)**

1. Corporation Name
KATE-MICHELNE, INC.



Principal Place of Business: **701 EAST COMMERCIAL BLVD. #200 FT. LAUDERDALE FL 33334**
Mailing Address: **701 EAST COMMERCIAL BLVD. #200 FT. LAUDERDALE FL 33334**

3. Date Incorporated or Qualified: **11/03/1993**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0453741**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent

**CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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 registered agent (this applies to all) (Date Registered Agent's signature expires after filing) DATE

12. OFFICERS AND DIRECTORS
1. TITLE: **ST** DELETE
2. NAME: **JAGUSZTYN, RICHARD**
3. STREET ADDRESS: **701 EAST COMMERCIAL BLVD. #200**
4. CITY-ST-ZIP: **FT. LAUDERDALE FL**
5. TITLE: DELETE
6. NAME:
7. STREET ADDRESS:
8. CITY-ST-ZIP:
9. TITLE: DELETE
10. NAME:
11. STREET ADDRESS:
12. CITY-ST-ZIP:
13. TITLE: DELETE
14. NAME:
15. STREET ADDRESS:
16. CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE: Change Addition
2. NAME: **JAGUSZTYN**
3. STREET ADDRESS:
4. CITY-ST-ZIP:
5. TITLE: Change Addition
6. NAME:
7. STREET ADDRESS:
8. CITY-ST-ZIP:
9. TITLE: Change Addition
10. NAME:
11. STREET ADDRESS:
12. CITY-ST-ZIP:
13. TITLE: Change Addition
14. NAME:
15. STREET ADDRESS:
16. CITY-ST-ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, unchanged or on an attachment with an address.

SIGNATURE: **RICHARD JAGUSZTYN** 4/23/96 954-401-1065
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (12/95)