

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000082831 (7)

1. Corporation Name

KATALINE INCORPORATED



Principal Place of Business

700 W. BRANDON BLVD.  
NO. 86  
BRANDON FL 33511  
US

Mailing Address

125 PICARDY VILLA  
BRANDON FL 33510  
US

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

KATALINE, KAREN M  
125 PICARDY VILLA #101  
BRANDON FL 33510

3. Date Incorporated or Qualified

12/03/1993

3a. Date of Last Report

02/27/1995

4. FEI Number

65-0452339

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. The corporation has liability for intangible tax under s. 199.032,  
Florida Statutes. ☐ Yes ☐ No

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 607.0602 and 607.1504, 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 607.0603, Florida Statutes.

SIGNATURE

Signature of the person who is authorized to sign this statement

Signature of the person who is authorized to sign this statement

DATE

12. OFFICERS AND DIRECTORS

|                |                        |                                            |
|----------------|------------------------|--------------------------------------------|
| TITLE          | D                      | <input type="checkbox"/> DELETE            |
| NAME           | KATALINE, DAN          |                                            |
| STREET ADDRESS | 125 PICARDY VILLA #101 |                                            |
| CITY-STATE-ZIP | BRANDON FL             |                                            |
| TITLE          | D                      | <input checked="" type="checkbox"/> DELETE |
| NAME           | KATALINE, KAREN M      |                                            |
| STREET ADDRESS | 125 PICARDY VILLA #101 |                                            |
| CITY-STATE-ZIP | BRANDON FL             |                                            |
| TITLE          |                        | <input type="checkbox"/> DELETE            |
| NAME           |                        |                                            |
| STREET ADDRESS |                        |                                            |
| CITY-STATE-ZIP |                        |                                            |
| TITLE          |                        | <input type="checkbox"/> DELETE            |
| NAME           |                        |                                            |
| STREET ADDRESS |                        |                                            |
| CITY-STATE-ZIP |                        |                                            |
| TITLE          |                        | <input type="checkbox"/> DELETE            |
| NAME           |                        |                                            |
| STREET ADDRESS |                        |                                            |
| CITY-STATE-ZIP |                        |                                            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME            |                                                                   |
| 3. STREET ADDRESS  |                                                                   |
| 4. CITY-STATE-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5. NAME            |                                                                   |
| 6. STREET ADDRESS  |                                                                   |
| 7. CITY-STATE-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 8. NAME            |                                                                   |
| 9. STREET ADDRESS  |                                                                   |
| 10. CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11. NAME           |                                                                   |
| 12. STREET ADDRESS |                                                                   |
| 13. CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME           |                                                                   |
| 15. STREET ADDRESS |                                                                   |
| 16. CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 17. NAME           |                                                                   |
| 18. STREET ADDRESS |                                                                   |
| 19. CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information included 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 a filing.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/96

689-3312

CR2E034 (12/95)