SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

APPROVED
AND
FILED

96 SEP 30 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200001974982--7
-10/15/96--01193--006
****225.00 ****225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # P94000010989

1. Corporation Name
Kate Enterprises, Inc

Principal Place of Business	Mailing Address
	92 Bexley Blvd. Ocoee, FL. 34761

3. Date Incorporated or Qualified: 3/1/94	3a. Date of Last Report: 5/95
4. FEI Number	☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 Orlando Florida	26 same
Suite, Apt. #, etc.: 22 N/A	Suite, Apt. #, etc.: 27 N/A
City & State: 23	City & State: 28 Ocoee FL.
Zip: 24 / Country: 25	Zip: 29 34761 / Country: 30

9. Name and Address of Current Registered Agent

Toni G Wheaton
92 Bexley Blvd.
Ocoee, FL 34761

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		☐ DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		☐ Change ☐ Addition
TITLE	PRESIDENT		1.1 TITLE		
NAME	Toni G Wheaton		1.2 NAME		
STREET ADDRESS	92 Bexley Blvd		1.3 STREET ADDRESS		
CITY-ST-ZIP	Ocoee FL. 34761		1.4 CITY-ST-ZIP		
TITLE	VICE PRESIDENT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	Keith Wheaton		2.2 NAME		
STREET ADDRESS	92 Bexley Blvd		2.3 STREET ADDRESS		
CITY-ST-ZIP	Ocoee, FL. 34761		2.4 CITY-ST-ZIP		
TITLE	TREASURER	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	Keith Wheaton		3.2 NAME		
STREET ADDRESS	92 Bexley Blvd.		3.3 STREET ADDRESS		
CITY-ST-ZIP	Ocoee FL. 34761		3.4 CITY-ST-ZIP		
TITLE	Secretary	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	Tonia Wheaton		4.2 NAME		
STREET ADDRESS	92 Bexley Blvd.		4.3 STREET ADDRESS		
CITY-ST-ZIP	Ocoee FL. 34761		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	$87.50/yr	☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added on an attachment with an address.

SIGNATURE: Toni G Wheaton 9-17-96 (407) 572-4431
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #