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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 22 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000010989 (9)

KATE ENTERPRISES, INC.

Principal Place	e of Business	Mailing Address	Mailing Address							
92 BEXLEY BLVD. OCOEE FL 34761		82 BEXLEY BLVD. OCOEE FL 34761-7011								
						3. Date Incorporated or Qualified 02/04/1994		te of Last R 0/1996	eport	
2. Principal Pl	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number			plied For	
21		26				NOT APPLICABLE Not Applicable				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	 			5. Certificate of Status Desired	X	\$8.75 Fee Re		
City & State		City & State				6. Election Campaign Financing		\$5.00	May Be	
23		28				Trust Fund Contribution			to Fees	
Zφ	Country	Zip	Countr	гу		8. This corporation has liability for i	ntangible	tax under s	. 19 9.032,	
24	25 9. Name and Address of Curre		30			Florida Statutes L 10. Name and Address of New Re	Yes 2			
VACUE	ATON, TONI G	nt registered Agent	81	1 N	Vame	TO. Name and Address of New Hel	Sistereo 1	r8aur		
	BEXLEY BLVD.			1_						
	DEE FL 34761		62	2 5	Street Addres	ss (P.O. Box Number is Not Acceptab	le)			
			83	3						
1			84	4 (City		FL	85 Zip	Code	
11. Pursuant office or ragent. La	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the obli- Signature typed or printed name of registered a	e of Florida. Such change was al gations of, Section 607.0505, Flor and the section for the section of the sect	uthorized b rida Statute	oy th es.	e corporatio	ration submits this statement for the p in's board of directors. I hereby accep d when reinstating)	urpose of I the app	changing i pintment as	ts registered registered	
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR		
TITLE	PS TONE TONE O	DELETE	1.1 TITLE	1.1 TITLE				Change	Addition	
NAME	Wheaton, Toni G 92 Bexely Blvd		1.2 NAME	E						
STREET ADDRESS	OCOEE FL 34761		1.3 STREI		1					
CITY-ST-ZIP	VI	DELETE	1.4 City-St- 2.1 Title		IP		· · · · · · ·	Change	Addition	
NAME	WHEATON, KEITH	∟ berear	2.1 TILLE 2.2 NAME					L. Citange	☐ Rudillon	
STREET ADDRESS	M PEVIEV PLUD		1	2 3 STREET ADORESS						
CITY-ST-ZIP	OCCUE EL SATRA		2.4 CITY		i					
TITLE		DELETE						Change	Addition	
NAME			3.2 NAME	E		· ·				
STREET ADORESS			3.3 STREE	ET AD	DRESS					
CITY-S1-ZIP		- NEIFTE	3.4. CITY		ZIP		,	Channe	Addition.	
TITLE		☐ DELETE	4.1 TITLE 4.2 NAM					Change	Addition	
NAME ORDET ADMONDED			4. 2 NAM 4.3 STRE		inocce					
STREET ADDRESS 1			4.4 CITY							
TITLE		☐ DELETE	5.1 TITLE					☐ Change	Addition	
NAME			5.2 NAMI	E				-		
STREET ADDRESS			53 STRE	ET AD	DRESS					
CITY-ST-ZIF			5.4 City	- \$1 - 2	ZiP					
TITLE		DELETE	61 TITLE					Change	☐ Addition	
NAME			6.2 NAMI							
STREET ADDRESS			6.3 STRE	ET AD	ORESS					

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address.