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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

May 01 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

## 1997 DOCUMENT # P94000018018 (9)

C.A.T. ENTERPRISES OF SARASOTA, INC.

Principal Place of Business Mailing Address						
948 BEACH ROAD SARASOTA FL 34242		4030 COUNTRY VIEW D SARASOTA FL 34233-41				
JS		•		3. Date Incorporated or Qualified 03/08/1994	3a. Date of Last F	Report
2. Principal Pl	lace of Business	2a. Mailing Address	······································	4. FEI Number		oplied For
<u> </u>		26	· · · · · · · · · · · · · · · · · · ·	65-0473166	<del></del>	ot Applicab
Suite, Apt	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional equired
City & State	ė	City & State		Election Campaign Financing     Trust Fund Contribution		May Be to Fees
Zip	Country 25	Zip 29	Country	8. This corporation has liability for in		
4	9. Name and Address of C			10. Name and Address of New Reg		
1800 Suit Sari	3, CLIFFORD M ) SECOND STREET E 730 ASOTA FL 34236		83 84 City	dress (P.O. Box Number is Not Acceptable	FL 85 Zip	Code
aront La	im familiar with, and accept the	obligations of Section 607.0505.	Florida Statutes.	rporation submits this statement for the pu ation's board of directors. I hereby accep		
	5 gnature, typicit or printed name of register	red agent and little if applicable (f	NOTE: Registered Agent signature req		DATE	
IGNATURE 2.	Signature hypotholiprinted name of register OFFICER	red agent and title if applicable (f	NOTE: Registered Agent signature req	pured when reinstating)  ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTOR	
GNATURE  LE  ME  REET ADORESS	Signature by the corporated name of registe OFFICER PT TURNER, CHARLES A. J 4030 COUNTYRVIEW DR	red agent and little if applicable (f	NOTE: Registered Agent signature req  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS			RS IN 12
GNATURE  LE  ME  REET ADORESS EY-ST-ZIP	Signature typics or printed name of registre OFFICER PT TURNER, CHARLES A. J	red agent and title if applicable (f	NOTE: Registered Agent signature req  13.  1.1 TITLE  1.2 NAME		ERS AND DIRECTOR	☐ Addil
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SIGNATURE: X HALLOW MATTER NAME OF SIGNING OFFICER OR DIRECTOR

Date

Description Phone is

Description Phone is