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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000033682 (3)

1. Corporation Name

MEGA CAT'S INC.

Principal Place of Business

404 S. RIBERIA ST.
ST. AUGUSTINE FL 32084

Mailing Address

C/O 17601 OLD CUTLER RD.
MIAMI FL 33157



3. Date Incorporated or Qualified

05/02/1994

3a. Date of Last Report

09/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BURCH, APRIL
C/O 17601 OLD CUTLER ROAD
MIAMI FL 33157-6327

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

Signature typed or printed name of registered agent and the corporation

(NOTE: Registered Agent Signature required when not changing name)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE

☐ Change ☐ Addition

NAME
PD
MILLER, WAYNE R
STREET ADDRESS
1169 AUSTRALIA AVE.
CITY-ST-ZIP
DAYTONA BCH. FL 32114

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE

☐ Change ☐ Addition

NAME
VD
FRITTS, ROBERT H
STREET ADDRESS
408 JASMINE RD.
CITY-ST-ZIP
ST. AUGUSTINE FL 32086

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE

☐ Change ☐ Addition

NAME
STD
MILLER, J.P.
STREET ADDRESS
1169 AUSTRALIA AVE.
CITY-ST-ZIP
DAYTONA BCH. FL 32114

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME

6.3 STREET ADDRESS

6.4 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 if changed, or on an attachment with an address.

SIGNATURE:

R H Fritts
Robert H. Fritts

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96 1-904-

CR2E034 (12/95)