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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000047214 (9)

CAT-AIR, INC.

Principal Place of Business Mailing Address 785 10974 AVE.N. 200 OAK AVE 785 1097H BUEN. 283 OAK AVE: NAPLES FL 09909 NAPLES FL 34108-900 34108 3. Date Incorporated or Qualified 3a. Date of Last Report 06/23/1994 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0572073 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 25 29 30 Florida Statutes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HANSEN, ANDREW C Name 283 DAKAVE - 785 109TH AUENL Street Address (P.O. Box Number is Not Acceptable) 82 NAPLES FL 33963 34108 83 Zip Code 84 City 85 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. Lam familiar with, and accept the obligations of. Section 607.0505, Florida Statutes. Signature, typed or panied more of registered agent and fit of applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. PST Addition DELETE 1.1 TITLE Change TITLE HANSEN, ANDREW C 1.2 NAME NAME - 785 109 TH BUEN. 283 OAK AVE. 1.3 STREET ADDRESS STREET ADDRESS NAPLES FL 23983ー ろりょるで 1.4 CITY-ST-ZIF C-TY - \$1 - 21f DELETE Change Addition 2.1 TITLE 71114 NAME 2.2 NAME 23 STREET ADDRESS STREET ADDRESS 2 4 CHY-ST-ZIP CITY- \$1 - Zi≥ DELETE Change Addition 31 TITLE THUE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY- ST- ZIP C(F) - S1 - 7(P) DELETE Change Addition 4.1 TITLE 1101 4. 2 NAME NAME 4.3 STREET ADDRESS STHEE: ADDRESS 4.4 CITY-ST-ZIP C:Tr - ST - ZiP Addition DELETE Change TIFEE 5.1 TITLE 5.2 NAME NAMÉ 5.3 STREET ADDRESS STREET ADDRESS 5 4 C!TY - ST - ZIP CHTY - ST - ZIF DELETE Change Addition 61 TITLE THE NAMI 62 NAME 63 STREET ADDRESS STREET ADORESS

6.4 CITY - ST - ZIP

Offy - 51 - 206

14. I do hereby certify that the information supplied with this filing 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 Brock 13 if changed, or on an attachment with an address.

941-566-2172

FILED

Apr 04 1997 8:00am

Secretary of State

(96/6) CR2E034