

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000072673 (4)**

1. Corporation Name

**CATHRYN HARTT INDEPENDENT SUNRIDER DISTRIBUTOR,
INC.**

Principal Place of Business

Mailing Address

**19000 N.E. 20TH AVENUE
NORTH MIAMI BEACH FL 33179**

**C/O HMPD
16100 NE 16 AVE
NO MIAMI BEACH FL 33162
US**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

25

30

9. Name and Address of Current Registered Agent

**KATIMS, NEIL A ESO
9485 SUNSET DR
SUITE A292
MIAMI FL 33173**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

09/30/1994

3a. Date of Last Report

04/24/1995

4. FEI Number

65-0543935

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 of person or persons authorized to sign this report

Signature of Registered Agent (Signature required when filing)

Date of Signature

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PST
HARTT, CATHRYN**
STREET ADDRESS **19000 N.E. 20TH AVENUE**
CITY-ST-ZIP **NORTH MIAMI BEACH FL**

11 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D
SILVERMAN, CRAIG**
STREET ADDRESS **19000 N.E. 20TH AVENUE**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33179**

12 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

22 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

23 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

24 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

25 NAME ☐ Change ☐ Addition

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/94

DATE OF SIGNATURE

CR2E034 (12/95)