

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000073419 (1)**

1. Corporation Name

**CATALINA DISTRIBUTORS, INC.**



Principal Place of Business

Mailing Address

21550 SWEETWATER LN SO  
BOCA RATON FL 33428

11401 A PALMETTO PARK RD.  
STE. 178  
BOCA RATON FL 33428

2. Principal Place of Business

2a. Mailing Address

21 21550 Sweetwater Ln So

26 11401-A Palmetto Park Rd.

22 Suite, Apt. #, etc.

27 Suite 178

23 City & State

28 Boca Raton, FL

24 Zip

25 Country

29 Zip

30 Country

33428 USA

USA

33428 USA

USA

9. Name and Address of Current Registered Agent

HARP, RONALD W  
21550 SWEETWATER LANE SOUTH  
BOCA RATON FL 33428

3. Date Incorporated or Qualified

10/06/1994

3a. Date of Last Report

09/01/1995

4. FEI Number

59-3270849

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

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 (s) (see 607.0505)

(If 11. Registered Agent Signature required, attach separate page)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSTD  
NAME HARP, RONALD W  
STREET ADDRESS 21550 SWEETWATER LANE SOUTH  
CITY-ST-ZIP BOCA RATON FL 33428

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

TITLE OM  
NAME HARP, BETTY L  
STREET ADDRESS 21550 SWEETWATER LANE SOUTH  
CITY-ST-ZIP BOCA RATON FL 33428

21 TITLE VP OF OPERATIONS  
22 NAME BETTY L. HARP  
23 STREET ADDRESS 21550 Sweetwater Lane South  
24 CITY-ST-ZIP BOCA RATON, FL 33428

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Ronald W. Harp*  
Ronald W. Harp

April 30 '96 407 488 2977  
Date Date/Time Phone #

CR2E034 (12/95)