

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**May 12 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000073419 (1)**  
1. Corporation Name  
**CATALINA DISTRIBUTORS, INC.**



Principal Place of Business <b>21550 SWEETWATER LN SO BOCA RATON FL 33428</b>	Mailing Address <b>11401 A PALMETTO PARK RD. STE. 178 BOCA RATON FL 33428-2622</b>
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3. Date Incorporated or Qualified <b>10/06/1994</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-3270849</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. <b>21550 Sweetwater Ln So</b>	2a. Mailing Address 26. <b>21550 Sweetwater Ln So.</b>
Suite, Apt. #, etc. 22. <b>Suite 100</b>	Suite, Apt. #, etc. 27. <b>Suite 100</b>
City & State 23. <b>Boca Raton FL</b>	City & State 28. <b>Boca Raton FL</b>
Zip 24. <b>33428</b>	Country 30. <b>Palm Beach</b>
County 25. <b>Palm Beach</b>	Zip 29. <b>33428</b>

9. Name and Address of Current Registered Agent  
**HARP, RONALD W  
21550 SWEETWATER LANE SOUTH  
BOCA RATON FL 33428**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PSTD</b> <input type="checkbox"/> DELETE
NAME	<b>HARP, RONALD W</b>
STREET ADDRESS	<b>21550 SWEETWATER LANE SOUTH</b> <i>Suite 100</i>
CITY-ST-ZIP	<b>BOCA RATON FL 33428</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>HARP, BETTY L</b>
STREET ADDRESS	<b>21550 SWEETWATER LANE SOUTH</b> <i>Suite 100</i>
CITY-ST-ZIP	<b>BOCA RATON FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<i>add</i>
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<i>add</i>
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ronald W Harp* **4/29/97** **561 488 2977**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/96)