

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Tallahassee, Florida  
Secretary of State  
Division of Corporations

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:27

DOCUMENT # **P94000092536 (9)**

1. Corporation Name

**CATENAC GULFWYND, INC.**

Principal Place of Business

**1203 HAGEN DR  
NEW PORT RICHEY FL 34655**

Mailing Address

**1203 HAGEN DR  
NEW PORT RICHEY FL 34655**

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified 3a. Date of Last Report

**12/20/1994**

2. Principal Place of Business

**21** Suite Apt. # etc.

2a. Mailing Address

**26** Suite Apt. # etc.

4. FIC Number

**65-0540464**

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

23 City & State

28 City & State

6. Has the corporation been organized  
in compliance with the

☐ \$5.00 May Be  
Added to Fees

24

25

29

30

7. Has the corporation been organized  
in compliance with the  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ENGLANDER, LEONARD S  
5959 CENTRAL AVE  
SUITE 201  
ST PETERSBURG FL 33710**

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 of Registered Agent, if not requested after recording)

(Signature of Agent, if not requested after recording)

(Date)

12. OFFICERS AND DIRECTORS

13. OFFICERS AND DIRECTORS

|                |                                   |
|----------------|-----------------------------------|
| TITLE          | <b>D</b>                          |
| NAME           | <b>ENGLANDER, LEONARD S</b>       |
| STREET ADDRESS | <b>5959 CENTRAL AVE SUITE 201</b> |
| CITY, ST, ZIP  | <b>ST PETERSBURG FL 33710</b>     |
| TITLE          |                                   |
| NAME           |                                   |
| STREET ADDRESS |                                   |
| CITY, ST, ZIP  |                                   |
| TITLE          |                                   |
| NAME           |                                   |
| STREET ADDRESS |                                   |
| CITY, ST, ZIP  |                                   |
| TITLE          |                                   |
| NAME           |                                   |
| STREET ADDRESS |                                   |
| CITY, ST, ZIP  |                                   |
| TITLE          |                                   |
| NAME           |                                   |
| STREET ADDRESS |                                   |
| CITY, ST, ZIP  |                                   |

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME            |                                                                   |
| 3. STREET ADDRESS  |                                                                   |
| 4. CITY, ST, ZIP   |                                                                   |
| 5. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME            |                                                                   |
| 7. STREET ADDRESS  |                                                                   |
| 8. CITY, ST, ZIP   |                                                                   |
| 9. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME           |                                                                   |
| 11. STREET ADDRESS |                                                                   |
| 12. CITY, ST, ZIP  |                                                                   |
| 13. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME           |                                                                   |
| 15. STREET ADDRESS |                                                                   |
| 16. CITY, ST, ZIP  |                                                                   |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 607.0502 and 607.1508, Florida Statutes. I further certify that the information included 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. 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 of changed, or on an attachment with an address.

SIGNATURE:

*Leonard S. Englander*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/2/95*

**813-796-2261**  
Tallahassee, FL