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PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P94000093153 (2)**

1. Corporation Name
CATTITUDE, INC.

Principal Place of Business	Mailing Address
3512 N. OCEAN DR. HOLLYWOOD FL 33019	3512 N. OCEAN DR. HOLLYWOOD FL 33019-3808

3. Date Incorporated or Qualified: 12/22/1994
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21: 1412 SW 18TH CRT
22: Suite, Apt. #, etc.
23: City & State: FT LAUDERDALE FL
24: Zip: 33315
25: Country: USA

2a. Mailing Address
26: 1861 N Federal Hwy
27: Suite 304
28: City & State: Hollywood FL
29: Zip: 33020
30: Country: USA

4. FEI Number: 65-0553110 ☐ 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

9. Name and Address of Current Registered Agent
POMERENKE, MARK G
3512 N. OCEAN DR.
HOLLYWOOD FL 33019

10. Name and Address of New Registered Agent
81 Name: WARD, MICHAEL D.
82 Street Address (P.O. Box Number is Not Acceptable): 1861 N Federal Hwy #304
83:
84 City: Hollywood FL 85 Zip Code: 33020

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: MICHAEL D. WARD — DATE: FE 16, 1997
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POMERENKE, MARK G 3512 N. OCEAN DR. HOLLYWOOD FL 33019	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P WARD, MICHAEL D. 1861 N Federal Hwy Ste 304 Hollywood FL 33020	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	S FANE, CHERYL L 1861 N Federal Hwy Ste 304 Hollywood FL 33020	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

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: MICHAEL D. WARD — FE 16, 1997 — 305 916 0455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #