FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P95000013814 (5) KATO MARKETING, CORP. Principal Place of Business Mailing Address 107 O DUNBAR AVE 107 O DUNBAR AVE SUITE Q SUITE O OLDSMAR FL 34677 OLDSMAR FL 34677 2. Principal Place of Business 2a. Mailing Address 21 Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27 City & State City & State 23 Zip Country Zip 24 25 29 g, Name and Address of Current Registered Agent Name RAYNER, G. A. 107 DUNBAR AVE 82 Street Address SUITE Q OLDSMAR FL 34677 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) OFFICERS AND DIRECTORS 12. 13.

## **FILED** May 11 1998 8:00am Secretary of State

_	DO NOT WRITE IN TH	IIS SPACE
3.	Date Incorporated or Qualified 02/16/1995	
4.	FEI Number 59-3300171	Applied For Not Applicable
5.	Certificate of Status Desired	\$8.75 Additional Fee Required
В.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
8.	This corporation owes or has paid the Personal Property Tax due June 30.	current year Intangible
Ō.	Name and Address of New Registers	ed Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change Addition RAYNER, GEORGE A NAME 1.2 NAME 107 Q DUNBAR AVE STREET ADDRESS 1.3 STREET ADDRESS OLDSMAR FL 34677 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE 2.1 TITLE Change Addition TITLE NAME RAYNER, L A 2.2 NAME 101 DUNBAR AVE., STE. E STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP OLDSMAR FL 34677 2.4 CITY-ST-ZIP DELETE Change Addition 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE ☐ Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 61 TITLE Change Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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 repolver or trustoe 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 any process.

SIGNATURE: