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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000014247 (7)

KATHPIP PROPERTIES, INC.

6527 SENEGAL PALM WAY

APOLLO BEACH FL

Principal Place of Business Mailing Address 226 W HIAWATHA 4016 EUCLID AVENUE TAMPA FL 33604 TAMPA FL 33629-8528 3a. Date of Last Report 3. Date Incorporated or Qualified 02/20/1995 07/23/1996 Applied For 2. Principal Prace of Business 2a. Mailing Address 4. FÉI Number APPLIED FOR 59-343 >>4/ Not Applicable 21 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Z_{i0} Country 6. This corporation has fiability for intangible tax under s. 199.032, Yes No Florida Statutes 24 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 SEIFTER, FRED 1707 OAK BRANCH COURT Street Address (P.O. Box Number is Not Acceptable) **BRANDON FL 33811** 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. Lam 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12 13. DELETE 1.1 TITLE Change Addition TITLE PIPPIN, KATHY NAME 1.2 NAME **4018 EUCLID AVENUE** 1.3 STREET ADORESS STREET ADDRESS TAMPA FL 1.4 CITY-ST-ZIP C/TY - S1 - 7/P Addition DELETE Change 2.1 TITLE PIPPIN, MARTIN MARITZA 2.2 NAME

STREET ADDRESS 4.3 STREET ADDRESS CITY-ST ZIP 4.4 CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TrillE 5.2 NAME NAME **5.3 STREET ADDRESS** STREET ACORESS 5.4 CITY-ST-ZIP DITY-ST-ZIP Addition DELETE 6.1 TITLE TITLE NAM: 6.2 NAME

2.3 STREET ADDRESS

3.3 STREET ADDRESS

3.4. CITY-\$1-ZIP

2. 4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

4.1 TITLE

4 2 NAME

DELETE

DELETE

64 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.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CiTY - ST - 7iP

STREET ADDRESS

STREET ADDRESS

CHY-ST-ZIP

CITY - ST-ZIP

TITLE

NAME

™!}

NAME

SIGNATURE REQUIRED

Change

Change

Addition

Addition

FILED

May 08 1997 8:00am

Secretary of State