FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P95000021618 (0)

1. Corporation Name

CATHERINE MAHONEY THOMAS, INC.

Principal Place of Business
411 BRAZILIAN AVE
PALM BEACH FL 33480

Mailing Address
411 BRAZILIAN AVE
PALM BEACH FL 33480

3. Date Incorporated or Qualified: 03/16/1995
3a. Date of Last Report:

2. Principal Place of Business
21 #9A Via Parigi
Suite, Apt. #, etc.
22 c/o Cashmere Palm Beach
City & State
23 Palm Beach, FL
Zip
24 33480
Country
25 USA

2a. Mailing Address
26 222 Lakeview Avenue
Suite, Apt. #, etc.
27 Suite 160-127
City & State
28 West Palm Beach, FL
Zip
29 33401
Country
30 USA

4. FEI Number: 650565532 — ☐ 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

YOUNG, GREGORY E
205 WORTH AVE
SUITE 307-C
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

81 Name: Gregory E. Young % Edwards and Angell
82 Street Address (P.O. Box Number is Not Acceptable): 250 Royal Palm Way
83 Palm Beach, FL
84 City: FL
85 Zip Code: 33480

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 ______ DATE ______
Signature, typed or printed name of Registered Agent and title if applicable

12. OFFICERS AND DIRECTORS

TITLE	PSTD	☐ DELETE
NAME	THOMAS, CATHERINE M	
STREET ADDRESS	411 BRAZILIAN AVE	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PSTD	☐ Change ☐ Addition
1.2 NAME	THOMAS, CATHERINE M.	
1.3 STREET ADDRESS	229 MONCEAUX	
1.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33405	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME	800001843798	
5.3 STREET ADDRESS	-05/30/96--01015--001	
5.4 CITY-ST-ZIP	***225.00	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS	5-29-96	
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] Catherine M. Thomas 5/9/96 407-832-9130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #