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FILED
May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000037606 (7)

1. Corporation Name
K.A.T. FUTURE, INC.



Principal Place of Business
8511 PIERCE ST
HOLLYWOOD FL 33024

Mailing Address
8511 PIERCE ST
HOLLYWOOD FL 33024-7641

2. Principal Place of Business

21 1001 N.E. 1st Street
Suite, Apt. #, etc.

22 City & State
Pompano Bch., FL.

23 Zip
33060

24 Country
U.S.A.

2a. Mailing Address

26 1001 N.E. 1st Street
Suite, Apt. #, etc.

27 City & State
Pompano Bch., FL.

28 Zip
33060

29 Country
U.S.A.

3. Date Incorporated or Qualified
05/10/1995

3a. Date of Last Report
05/01/1996

4. FEI Number
65-0626211

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

LEBOWITZ, KAREN
8511 PIERCE ST
HOLLYWOOD FL 33024

10. Name and Address of New Registered Agent

81 Name
Lebowitz, Karen
82 Street Address (P.O. Box Number is Not Acceptable)
1001 N.E. 1st Street
83
84 City
Pompano Bch., FL
85 Zip Code
33060

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	LEBOWITZ, KAREN	8511 PIERCE ST	HOLLYWOOD FL 33024	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
	Lebowitz, Karen	1001 N.E. 1st Street	Pompano Bch., FL. 33060	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-782-6610

CR2E034 (9/96)