SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
99 OCT 20 AM 8:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000039208
Corporation Name
TURBO CATS, INC.

7-9-99 90007 034
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
AVENIDA MENENDEZ AUGUSTINE FL 32084	44 AVENIDA MENENDEZ ST AUGUSTINE FL 32084 US

3. Date Incorporated or Qualified: 05/12/1995

Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 59-3318411 ☐ 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 Fee

7. This corporation owes the current year Intangible Personal Property ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GOLDMAN, NATHAN D 50 N. LAYRA STREET SUITE 2750 JACKSONVILLE FL 32202	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
LE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
ME	ARBIZZANI, L. JOHN	1.2 NAME	
EET ADDRESS	3226 TALLEYRAND AVENUE	1.3 STREET ADDRESS	
Y-ST-ZIP	JACKSONVILLE FL 32206	1.4 CITY-ST-ZIP	
LE	VP ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
ME	SELF, DON	2.2 NAME	
EET ADDRESS	44 AVENIDA MENENDEZ	2.3 STREET ADDRESS	
Y-ST-ZIP	ST AUGUSTINE FL	2.4 CITY-ST-ZIP	
LE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
ME		3.2 NAME	
EET ADDRESS		3.3 STREET ADDRESS	
Y-ST-ZIP		3.4 CITY-ST-ZIP	
LE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
ME		4.2 NAME	
EET ADDRESS		4.3 STREET ADDRESS	
Y-ST-ZIP		4.4 CITY-ST-ZIP	
LE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
ME		5.2 NAME	
EET ADDRESS		5.3 STREET ADDRESS	
Y-ST-ZIP		5.4 CITY-ST-ZIP	
LE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
ME		6.2 NAME	
EET ADDRESS		6.3 STREET ADDRESS	
Y-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E084 (5/99)

I 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 REQUIRED 10.18.99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #