## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT C<del>OBPOR</del>ATION ANNUAL REPORT **1996** 

CITY-ST-ZIP

14. I do hereby certify that the information supplied yeartify that the information indicated on this actual oath; that I am an officer or director of the support appears in Block 12 or Block 13 if changed, or on



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

DOCUMENT #	P95000039590	(1)	)

1. Corporation	Name	CATIONS CORP.		<b>50</b> (1)					
Principal Place	of Business		Mailing Add	dress					1188 10A1 00 % 1001
11382 PROSPERITY FARMS ROAD SUITE 130		11382 PF SUITE 13	11382 PROSPERITY FARMS ROAD SUITE 130 PALM BEACH GARDENS FL 33410						
PALM BEACH	1 GAHDENS I	FL 33410	PALM BE	ROM GANDEN	5 PL 3341U		3. Date incorporated or Qualified 05/18/1995	3a. Date of Last	Report
2. Principal Pla	ace of Busine		2a. Mailing	Add:ess			4. FEI Number		Applied For
21			26				65-060551		Not Applicable
Suite, Apt.	#, etc.		<b>├</b> ─~ ¬	Apt. #, etc.			5. Certificate of Status Desired		75 Additional e Required
22 Ct. 8 Ctata			27   City & S	Ptoto			6. Election Campaign Financing		
Crty & State			28	o.alc			Trust Fund Contribution		.00 May Be ded to Fees
Zıp	<u> </u>	Country	Zip		Country		8. This corporation has liability fo	r intangible tax under	s 199.032,
24		25	29		30			s No	
	9. Name	and Address of Curr	rent Registered A	gent	81	Name	10. Name and Address of New	Registered Agent	
007 1	0.00							<del> </del>	
COX, JA	A BLVD.				82	Street Add	dress (P.O. Box Number is Not Accepta	ible)	
SUITE 2					83				
		ARDENS FL 33410			84	City		85	Zip Code
						•		FL   T	•
or register familiar wit SIGNATURE	ed agent, or th, and accep	both, in the State of FI bit the obligations of, Si	orida Such change ection 607.0505, Fl	e was authorize orida Statutes	ed by the corpo	oration's bo	oration submits this statement for the p and of directors. Thereby accept the ap not when revisiting:	pointment as register	ed agent. I am
12.			AND DIRECTORS		13.		ADDITIONS/CHANGES TO OF		
TITLE	D			DELETE	1 1 THTLE			☐ Chang	ge 🔲 Addition
NAME		SON, MICHAEL J	IC DOAD CHITE	120	1.2 NAME				
STREET ADDRESS		PROSPERITY FARM BEACH GARDENS F		: 130	1.3 STREET				
City-St-ZiP Title			4-1-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	DELETE	1.4 CHTY - S 2 1 THTLE	1 · ZIr		Chang	ge Addition
NAME	Faul	President kner, Fred	_	<b>_1</b> ,	22 NAME	1			
STREET ADDRESS		<pre>2 Prosperity</pre>			2 3 STREET	ADDRESS			
CITY-ST-ZIP	Palm	Beach Gard			2.4 CITY - S				
TIFLE				DEI.ETE	3 t Tilte	» +-		☐ Chang	ge 🔲 Addition
NAME					3.2 NAME	*********			
STREET ADDRESS					3.3 STREET 3.4 City - S				
CITY+ST-ZIP TITLE	<del> </del>			DELETE	4. 1 TITLE	1-21		Chang	ge 🔲 Addition
NAME			_		4.2 NAME				
STREET ADDRESS					4.3 STREET	ADDRESS			
C-TY-ST-ZiP					4.4 CiTY - S	1 - 21F			
TITLE				DELETE	5 1 TITLE			Chang	ge 🔲 Addition
NAME					5.2 NAME				
STREET ADDRESS					53 STREET	ADDRESS			
CITY - ST - ZIP					5.4 CHTY - S	1-7P	6000017 -04/12/9601	78806	
TITLE			[	DELETE	6 1 1111.E	.	-04/12/9601	.0820 <b>9</b> 3 <sup>han</sup> i	je Addition
NAME					6.2 NAME	1.5	***200.00	. \ ~	2-96
STREET ADDRESS	ł				6.3 STREET	ADDRESS		41.1.	ノーブリレ

CR2E034 (12/95)

SIGNATURE: SIGNATURE AND TYPED OR SHITTED NAME OF SIGNING OFFICER MICHAEL J Anderson, President 3-27-96 Day: 407-627-4744

furnished and doe not qualify for the exemption stated in Soction 119.07(3)(k), Florida Statutes. I further that annual report in the and accurate and that my signature shall have the same legal effect as if made under or trustee emported to execute this report as required by Chapter 607, Florida Statutes; and that my name