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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # P9500084088 (0)

1. Corporatio		(3	7				
CAT P	ALACE, INC.						
					E T ab if ar i di a Tahan Adian A anin Adian		
Principal Place	e of Business	Maling Address					
P.O. BOX 220		-			ĺ		
TAMPA FL 3		P.O. BOX 22023 Tampa Fl 33622-2023					
					3. Date Incorporated or Qualified	3a. Date of Last Report	·
					10/30/1995	Take the distribution of the second	
	lace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26			59-3343637	Not Applicab	лe
Suite, Apt #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional		
City & State		Oity & State			Fee Required		
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be		
Ζιρ	Country	Zip	Cour	ıtrv	This corporation has liability for	Added to Fees	
24	25	29	30	,		intangiole tax under si 199.032,	
	9. Name and Address of Cu	ırrent Registered Agent			10. Name and Address of New F		
				81 Name			_
	ord, walter h		}	B2 Street Add	dress (P.O. Box Number is Not Acceptab	اهار	
	4TH AVE.						
TAMPA F	FL 33605			B3			
			ļ.	34 City		85 Zip Code	
11 Pursuant	to the ero deigns of Continue Cont.	2500		<u></u>			
or register	red agent, or both, in the State of	J502 and 607.1508, Florida Statut Florida: Such change was authoriz	tes, the abovized by the co	e named corpo prografion's boa	oration submits this statement for the pur and of directors. I hereby accept the app	rpase of changing its registered official	ice
	th, and accept the obligations of,	Section 607.0505, Florida Statute:	3		articles are apply	Situation as registered agent Tarr	
SIGNATURE .	Signature typed or printed han elof registeral	accepts and his observations as the control of the	NTL TO THE A	gerit signature requir	·		
12.		AND DIRECTORS	13.	gran agradate te kili	ADDITIONS/CHANGES TO OFF	TOTAL THE SAME DIDECTIONS IN 117	
TITLE	P	DELETE	1 1 7 (1)	.E	10001010101010101010101	Change Addition)
NAME	HEFFNER, KERRY L		1.2 NAME				
STREET ADDRESS	2212 E. 4TH AVE.		1 3 STR	EEL ADDRESS			
CITY-ST-ZIP	TAMPA FL 33605		1.4 CITY	-ST-ZIP			
TITLE		☐ DELETE	2 1 111	.F		Change Addition	
NAME			2.2 NAM	IE .			
STREET ADDRESS			2 3 STH	EFT ADDRESS			ı
CITY-ST-ZIP TITLE		ED Dr. ere		-S! - Z-P			
NAME		☐ DELETE	3 1 1 16			Change Addition	
STREET ADDRESS			3.2 NAM				
City-ST-ZiP				EET ADDRESS			
TITLE		☐ DELETE	4 1 TIT;	- S1 - ZIP			
NAME		_ Detect	4 2 NAM			☐ Change ☐ Addition	
STREET ADDRESS				ET AUDRESS			
CITY - S1 - 2IP				-ST-ZIP			
TITLE		☐ D€LET€	5 1 Till			Change Addition	
NAME			5.2 NAM			T Avenue T vegution	
STREET ADDRESS				ET ADDRESS			j
C(TY-ST-Z)P			5 4 CITY	1			
TITLE		☐ DELETE	6 1 Till			Change Addition	\dashv
NAME	•		6.2 NAM	F		_ ,	
STREET ADDRESS			63STHE	E! ADORESS			ļ
CITY - ST - ZIP			6.4 CITY	-ST-ZP			

14. I do hereby certify that the information supplied with this fling 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 armusi 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 3 if charged, or on an attachment with an address.

SIGNATURE: Yer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF DIRECTOR

President Kerry L. Heffner 6/13/96

CR2F034 (12/95)