FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P95000084088 (0)

CAT PALACE, INC.

Principal Place of Business	Mailing Address			
P.O. BOX 22023 TAMPA FL 33622-2023	P.O. BOX 22023 TAMPA FL 33622-2023			
2. Principal Place of Business	2a. Mailing Address			

FILED May 08 1998 8:00am Secretary of State



Principal Place of Business 1. Date Incorporated of Qualified 10/30/1995 1. Pol. DX 22233 1 TAMPA R. 35522-0023 2. Maring Address 2. Mailing Address 2. Mailing Address 3. Date Incorporated of Qualified 10/30/1995 1. File humber 1. South, Apt. #, etc. 2. Suite, Apt. #, etc. 3. Suite, Apt. #, etc. 3								
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2. Principal Place of Business 2a. Mailing Address 4. Filt Number Application								
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DRAKEFORD, WALTER H 2212 E. ATH AVE. TAMPA FI. 33805 80 Street Address (P.O. Box Number is Not Acceptable) 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Codo 11. Persuant to the provisions of Sections 607 0502 and 607 1506, Florids Salutuse, the above-named corporation submits this statement for the purpose of changing its registered eigent. I am familiar with, and accept the obligations of Section 607 0505, Florids Salutuse, the above-named corporation submits this statement for the purpose of changing its registered eigent. I am familiar with, and accept the obligations of Section 607 0505, Florids Salutuse, statement and familiar with and accept the obligations of Section 607 0505, Florids Salutuse, statement for the purpose of changing its registered eigent and interest special statement for the purpose of changing its registered eigner and familiar with, and accept the obligations of Section 607 0505, Florids Salutuse, statement and familiar with and accept the obligations of Section 607 0505, Florids Salutuse, statement for the purpose of changing its registered eigner dependent eigner and familiar with, and accept the obligations of Section 607 0505, Florids Salutuse, statement for the purpose of changing its registered eigner dependent eigner and familiar with, and accept the obligation 607 0505, Florids Salutuse, statement for the purpose of changing its registered eigner evented when remaining the composition and statement for the purpose of changing its registered eigner evented when remaining to the composition and statement for the purpose of changing its registered eigner evented when remaining to the composition and statement for the purpose of changing its registered eigner evented when remaining to the composition and statement for the purpose of changing its registered eigner evented when remaining the statement for the purpose of changing its registered eigner evented when remaining to the compositio	_			⊢ ·				
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### City FL 85 Zip Code ### City FL 85 Zip Code	No			8	1 Name	ID. Hame and Address of these fregreto	100 Agoile	
TAMPA FL 33805 84 City FL 85 Zip Code 11. Pursuant to the provisions of Socions 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 euthorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and manifel with, and accept the objections of Section 607 0505, Florida Statutes. SIGNATURE P SIGNATURE OFFICERS AND DIRECTORS IN 12 12 NAME 11 TITLE 12 NAME 11 STREET ADDRESS OFFICERS AND DIRECTORS IN 12 12 NAME 12 NAME 13 STREET ADDRESS OFFICERS AND DIRECTORS IN 12 12 NAME 13 STREET ADDRESS OFFICERS AND DIRECTORS IN 12 12 NAME 13 STREET ADDRESS OFFICERS AND DIRECTORS IN 12 12 NAME 13 STREET ADDRESS OFFICERS AND DIRECTORS IN 12 12 NAME 13 STREET ADDRESS OFFICERS AND DIRECTORS IN 12 12 NAME 12 NAME 221 REF ADDRESS OFFICERS AND DIRECTORS IN 12 12 NAME 12 NAME 13 STREET ADDRESS OFFICERS AND DIRECTORS IN 12 14 NAME 22 NAME 23 STREET ADDRESS OFFICERS AND DIRECTORS IN 12 14 NAME 24 NAME 25 NAME 25 NAME 35 STREET ADDRESS OFFICERS AND DIRECTORS IN 12 15 NAME 26 Change Addition Addition AMAE 35 NAME ADDRESS OFFICERS AND DIRECTORS IN 12 15 NAME 15 NAME 15 NAME ADDRESS OFFICERS AND DIRECTORS IN 12 15 NAME 15 NAME ADDRESS OFFICERS AND DIRECTORS IN 12 15 NAME 16 Change Addition 16 Change Addition 17 NAME 17 NAME 18 DELETE 18 NAME 18 CHANGES 18 NAME				ـ ا				
11. Pursuant to the provisions of Socions 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing lits registered office or registered agent, or both, in this State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered special and familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Signature, typed or preted name of expected agent and time in a rick above. (NOTE Registered Agent signature recycled when remitating) DATE					Street Address (P.O. Box Number is Not Acceptable)			
11. Pursuant to the provisions of Socions 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered eigent, 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 eigent, and accept the obligations of Socion 607.0505. Florida Statutes. SIGNATURE	""			ē	3			
11. Pursuant to the provisions of Socions 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered eigent, 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 eigent, and accept the obligations of Socion 607.0505. Florida Statutes. SIGNATURE				-	4 03		L-T-m	
SIGNATURE Signature, hybrid or private name of registered appeal and third if appeal				ļ	1 7		FL	
SIGNATURE Signature, typed or preted name of registered agent and title if anyticable. (NOTE Pregistered Agent aignature required when remittaling) DATE	I DITICE OF I	edistered eoem. Or rolli III me Sia	A DEFIORIO A SUCE CHANNA WAS AL	JIDOUZEO	nv the coroorati	oration submits this statement for the purpo- ion's board of directors. I hereby accept the	se of changing its registered appointment as registered	
Signature Nypod or printed name of registered agent and third flugishables (NOTE Registered Agent signature required when rematating) DATE			g	Tod Oldra				
TITLE	O.G., T. G. I.E.			Registered A	gent signature require	ed when reinstating) DA	TE	
MAJARE HEFFNER, KERRY L 12 NAME 1.3 STREET ADDRESS 1.4 CITY - ST- ZIP						ADDITIONS/CHANGES TO OFFICERS		
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0017*30*20* B 64C 1Y*81*70P 1	CITY-ST-ZIP			6.4 CITY				

14. 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 attaching it with an address.

Kerry L. Heffner, President, 4/29/98