

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000084655 (6)**

1. Corporation Name

THE CATHEDRAL, INC.



Principal Place of Business

**% PAUL M. BLOOMGARDEN, P.A.
8551 W. SUNRISE BLVD., SUITE 100-A
FORT LAUDERDALE FL 33322**

Mailing Address

**% PAUL M. BLOOMGARDEN, P.A.
8551 W. SUNRISE BLVD., SUITE 100-A
FORT LAUDERDALE FL 33322**

3. Date Incorporated or Qualified
11/03/1995

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number
applied for

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. 190.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**BLOOMGARDEN, PAUL M
8551 W. SUNRISE BLVD.
SUITE 100-A
FORT LAUDERDALE FL 33322**

10. Name and Address of New Registered Agent

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person making this filing is the signature of the

Signature of Secretary of State is the signature of the

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D FORD, GRANT L**
STREET ADDRESS **% 8551 W. SUNRISE BLVD., #100-A**
CITY-ST-ZIP **FORT LAUDERDALE FL 33322**

TITLE ☐ DELETE
NAME **D TRASKELL, CHARLES P**
STREET ADDRESS **% 8551 W. SUNRISE BLVD., #100-A**
CITY-ST-ZIP **FORT LAUDERDALE FL 33322**

TITLE ☐ DELETE
NAME **D JONES, EDMUND**
STREET ADDRESS **110 Jake Emerald Dr., #406**
CITY-ST-ZIP **Ft. Lauderdale, FL 33309**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE ☐ Change ☐ Addition
2 NAME
3 STREET ADDRESS
4 CITY-ST-ZIP

5 TITLE ☐ Change ☐ Addition
6 NAME
7 STREET ADDRESS
8 CITY-ST-ZIP

9 TITLE ☐ Change ☐ Addition
10 NAME
11 STREET ADDRESS
12 CITY-ST-ZIP

13 TITLE ☐ Change ☐ Addition
14 NAME
15 STREET ADDRESS
16 CITY-ST-ZIP

17 TITLE ☐ Change ☐ Addition
18 NAME
19 STREET ADDRESS
20 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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 annual report or supplement 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

000001845520
-05/31/96--01021--002 **5-30-96**
*****225.00** **AB**

5-13-96

954-462-2004

CR2E034 (12/95)