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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000088797 (2)

CAT AMERICA, INC.

FILED May 13 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					- I TABILLAN LIN IBIBL BINIL BANK KBINI BA	ini manda kanat kanat imaka	HAND HERE DEED
3112 CHASE CIRCLE 8ARASOTA FL 34231 SARASOTA FL 34231							
					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
2. Principal Place of Business 2a. Mailing Address					11/20/1995 4. FEI Number		Applicat Fou
21 26					65-0623943	⊢	Applied For Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			· · · · · · · · · · · · · · · · · · ·			¢0.7E	Additional
27					5. Certificate of Status Desired	7	Required
City & State City & State				6. Election Campaign Financing	\$5.0	O May Be	
23	28				Trust Fund Contribution		d to Fees
Zip	Country	Zip	Country	y	8. This corporation owes or has paid the current year Intangible		
24		25 29 30 lame and Address of Current Registered Agent			Personal Property Tax due June 30. Yes No		
		nt Registered Agent	91	10. Name and Address of New Registered Agent 61 Name			
ALGER, DANIEL B JR.				Name			
3112 CHASE CIRCLE			62	82 Street Address (P.O. Box Number is Not Acceptable)			
SARASOTA FL 34231			83				
l			Ľ				
			84	City		FL 85 Zip	o Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above					poration submits this statement for the c	urocea 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	The state of the s	4.6.15 61, 6661.61 661.6666, 11	onda otatolo				
SIGNATURE	Signature, typed or printed name of registered age	ont and little if applicable (NO	TE: Registered Ag	ent signature requi	red when rainstating)	DATE	
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	P	DELETE	1.1 TITLE			Change	Addition
NAME			1.2 NAME				
STREET ADDRESS			1.3 STREE	T ADDRESS			
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		1.4 CITY -	ST-ZIP		По	
NAME	VP					L. Change	Addition
STREET ADDRESS	AGE A AM AND AND ALL MILE		2.2 NAME				i
	SARASOTA FL 34231		1	T ADDRESS			
CITY-ST-ZIP TITLE			2.4 CITY- 3.1 TITLE	S1-ZIP		Change	Addition
NAME	A A A A A A A A A A A A A A A A A A A		3.2 NAME			⊏i oiguite	
STREET ADDRESS	0440 OHLOC OPOLE			T ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34231		3.4. CITY-				
TITLE			4.1 TITLE			☐ Change	☐ Addition
NAME	DAVIS, THERESA J 4.2		4. 2 NAME			_	Ì
STREET ADDRESS	4904 NUTMEG AVE. 4.3		4.3 STREET	T ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34231 440		4.4 CITY-5	SY-ZIP			
TITLE	DELETE 5.1 TI		5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS	£SS 5.3 S		5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP			6.4 CITY-S	ST-ZIP			i

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 attachment with an address.