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 # 1. Corporation Name CATALOG X, INC. P9600001904 (7)

FILED Mar 12 1998 8:00am Secretary of State



Principal Place	e of Business		Mail	ing Address					i ikatimát fin ihrin dilat basit natit	38111 28 111 68 11	/I 41919 191H B4	111 61 61 10 61
2100 CORAL SHORES DRIVE 2100 CORAL SHORES DRIVE						2						
FT. LAUDERDALE FL 33305				LAUDERDALE FL 33:	30 5				50.107.45	TC 01 T(110)		
								ļ.	DO NOT WRI		3PACE	
									 Date Incorporated or Qualified 01/02/1996 	d		
2. Principal Place of Business				2a. Mailing Address					4. FEI Number		A	pplied For
21				26				1	65-0627852		N(ot Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75	Additional
22				27					8. Certificate of Statos Desired		Fee R	equired
City & State				City & State					6. Election Campaign Financing	_	\$5.00	May Be
23				28					Trust Fund Contribution		Added	to Fees
	Zip Country			Zip Cou			intry		8. This corporation owes or has			
24	25			29 30				Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent				No
9. Name and Address of Current Registered Agent										Registered	Agent	
POSSIEN, MARK							81 Name					
2100 CORAL SHORES DRIVE							Street	Street Address (P.O. Box Number is Not Acceptable)				
FT. LAUDERDALE FL 33305												
						83						
						84	City				85 Zip	Code
										FL		
11. Pursuant to office or reagent. Lac	to the provisions of egistered agent, or m familiar with, and	Sections 607 0502 a both, in the State of accept the obligation	and 607 Florida ons of 1	7.1508, Florida Stat ut i. Such change was Section 607.05 0 5, Fl	tes, the author orida (e above ized by Statutes	e-named the cor s.	d corpor rporation	ation submits this statement for the 's board of directors. I hereby acc	purpose of cept the app	changing it ointment as	ls registered registered
SIGNATURE												
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registere								re required		DATE		
12.		OFFICERS AND I	DIRECT		_	13.		,	ADDITIONS/CHANGES TO OF	FICERS AND	_	
TITLE	D	DI/		☐ DELETE		.1 TITLE					∐ Change	Addition
NAME	POSSIEN, MA				1	2 NAME						
STREET ADDRESS	•	SHORES DRIVE			1	.3 STREET	ADDRESS					
CITY-ST-ZIP	FT. LAUDERD	ALE FL 33305				.4 CITY-S	T-ZIP					
TITLE				DELETE	2	.1 TITLE					Change	Addition
NAME					2	2 NAME						
STREET ADDRESS					2	3 STREET	ADDRESS					
CITY-ST-ZIP	···				2	. 4 CITY- S	ST-ZIP					
TITLE				☐ DELETE	3	.1 TITLE					☐ Change	Addition
NAME					3	2 NAME						
STREET ADORESS					3	.3 STREET	address					
CITY-ST-ZIP					_	4. CITY - S	ST-ZIP	4				
TITLE				☐ DELETE	4	.1 TITLE					☐ Change	Addition
NAME					4	. 2 NAME						
					4	.3 STREET	ADDRESS	1				
CITY-ST-Z#P					4	4 CITY-S	T- ZIP					
TITLE				DELETE	5	.1 TITLE			1		Change	Addition
NAME					5	2 NAME						
STREET ADDRESS					5	.3 STREET	address	1 x	1) 1/1. /00	/		,]
CITY-ST-ZIP					5	4 CiTY-S	T-ZIP		W 4/2/98			
TITLE				DELETE	6	1 TITLE			4000024	zene	Change	Addition
NAME					6	2 NAME			-03/13/98010			1
STREET ADDRESS					6	.3 STREET	address		***150.00	ハウラー・ウド	17	
CITY-ST-ZIP					6	4 CITY-S	T-ZIP	1	☆☆☆1つり。○○			

14. Thereby 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.

OLONIATURE.