

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

FILED  
Apr 24 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000009206 (9)

1. Corporation Name  
CATCH THIS, INC.

Principal Place of Business  
9291 S.W. 186 TERRACE  
MIAMI FL 33157

Mailing Address  
9291 S.W. 186 TERRACE  
MIAMI FL 33157



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/26/1996	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 65-0640422	Applied For Not Applicable
23 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MAYER, ROBERT M 2474 S.W. 27TH TERRACE MIAMI FL 33133		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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
	D SEMEL, PHILIP		
STREET ADDRESS	9291 S.W. 186 TERRACE	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33157	1.4 CITY - ST - ZIP	
	D SEMEL, KAREN	2.1 TITLE	
STREET ADDRESS	9291 S.W. 186 TERRACE	2.2 NAME	
CITY - ST - ZIP	MIAMI FL 33157	2.3 STREET ADDRESS	
		2.4 CITY - ST - ZIP	
		3.1 TITLE	
STREET ADDRESS		3.2 NAME	
CITY - ST - ZIP		3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	
		4.1 TITLE	
STREET ADDRESS		4.2 NAME	
CITY - ST - ZIP		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
		5.1 TITLE	
STREET ADDRESS		5.2 NAME	
CITY - ST - ZIP		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
		6.1 TITLE	
STREET ADDRESS		6.2 NAME	
CITY - ST - ZIP		6.3 STREET ADDRESS	
		6.4 CITY - ST - ZIP	

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.

SIGNATURE:

*Karen Semel*

04/20/98 3052556193

CR2E034 (10/97)