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FILED  
May 15 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000012551 (3)

1. Corporation Name  
KATZ, INC.

Principal Place of Business  
7339 ROCKBRIDGE CIRCLE  
LAKE WORTH FL 33467

Mailing Address  
7339 ROCKBRIDGE CIRCLE  
LAKE WORTH FL 33467-7623



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

02/05/1996

3a. Date of Last Report

4. FEI Number

65-0644027

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

DECKER, TEDDY E  
7339 ROCKBRIDGE CIRCLE  
LAKE WORTH FL 33467

10. Name and Address of New Registered Agent

81 Name

Teddy E. Decker

82 Street Address (P.O. Box Number is Not Acceptable)

7339 Rockbridge Cir.

83

84 City

Lake Worth

FL

85 Zip Code

33467

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

TITLE PD  
NAME DECKER, TEDDY E  
STREET ADDRESS 7339 ROCKBRIDGE CIRCLE  
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE VD  
NAME DECKER, KRISTINA  
STREET ADDRESS 7339 ROCKBRIDGE CIRCLE  
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE VD  
NAME WINTER, HORST  
STREET ADDRESS 90455 NURNBERG  
CITY-ST-ZIP IM HUMPENGARTEN 16

TITLE STD  
NAME DECKER, KATHARINA  
STREET ADDRESS 7339 ROCKBRIDGE CIRCLE  
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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:

Teddy E. Decker

04-24-97

Date

Daytime Phone #

561-  
439-0178

CR2E034 (9/96)