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Apr 21 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 # P96000030345 (8)  
1. Corporation Name  
KATRINKA ENTERPRISES, INC.



Principal Place of Business: 1611 BATES ST BRANDON FL 33510  
Mailing Address: 1611 BATES ST BRANDON FL 33510-2808

3. Date Incorporated or Qualified: 04/08/1996  
3a. Date of Last Report: N/A

21. Principal Place of Business: 1460 Golden Gate Pkwy Suite 103 Naples FL 34105  
22. Mailing Address: 1460 Golden Gate Pkwy Suite 103 Naples FL 34105  
23. City & State: Naples FL  
24. Zip: 34105  
25. Country: Collier

4. FEI Number: 59-3371087  
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. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
MAGEE, KATHLEEN I  
1611 BATES ST  
BRANDON FL 33510

10. Name and Address of New Registered Agent  
81 Name: Magee, Kathleen I.  
82 Street Address (P.O. Box Number is Not Acceptable): 1390 11th St. SW  
83  
84 City: Naples FL 85 Zip Code: 34117

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		DELETE
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	P/S/T	<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Kathleen I. Magee		
1.3 STREET ADDRESS	1390 11th St. SW		
1.4 CITY - ST - ZIP	Naples FL 34117		
2.1 TITLE	VP	<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	Thomas E. Love		
2.3 STREET ADDRESS	1390 11th St SW		
2.4 CITY - ST - ZIP	Naples FL 34117		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: Kathleen Magee  
Kathleen Magee 4-9-97 941-352-6820

CR2E034 (9/96)