


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

FILED

Apr 21 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000030345 (8)**

1. Corporation Name  
**KATRINKA ENTERPRISES, INC.**



Principal Place of Business <b>1611 BATES ST BRANDON FL 33510</b>	Mailing Address <b>1611 BATES ST BRANDON FL 33510-2808</b>
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3. Date Incorporated or Qualified <b>04/08/1996</b>	3a. Date of Last Report <b>N/A</b>
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2. Principal Place of Business 21 <b>1460 Golden Gate Pkwy</b> Suite, Apt. #, etc. 22 <b>Suite 103</b> City & State 23 <b>Naples FL</b> Zip 24 <b>34105</b>	2a. Mailing Address 26 <b>1460 Golden Gate Pkwy</b> Suite, Apt. #, etc. 27 <b>Suite 103</b> City & State 28 <b>Naples FL</b> Zip 29 <b>34105</b> Country 30 <b>Collier</b>	4. FEI Number <b>59-3371087</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 <b>Magee, Kathleen I.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>1390 11th St. SW</b>
83
84 City <b>Naples</b>
85 Zip Code <b>FL 34117</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE		1.1 TITLE <b>P/S/T</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME <b>Kathleen I. Magee</b>	
STREET ADDRESS		1.3 STREET ADDRESS <b>1390 11th St. SW</b>	
CITY - ST - ZIP		1.4 CITY - ST - ZIP <b>Naples FL 34117</b>	
TITLE <input type="checkbox"/> DELETE		2.1 TITLE <b>VP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME <b>Thomas E. Love</b>	
STREET ADDRESS		2.3 STREET ADDRESS <b>1390 11th St SW</b>	
CITY - ST - ZIP		2.4 CITY - ST - ZIP <b>Naples FL 34117</b>	
TITLE <input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)