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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000062235 (2)

CATE BLUEODACE DECAST INC

Principal Place of Business Mailing Address

9540 SAN JOSE BOLLEVARD

9540 SAN JOSE BOLLEVARD

FILED Apr 17 1997 8:00am Secretary of State



JACKSONVILLE	FL 32257	JACKSONVILLE FL 32257	O432						
						3. Date Incorporated or Qualified 07/25/1996	3a. Date of	Last Re	eport
2. Pancipal Pla	ace of Business	2a. Mailing Address				4. FEI Number	^	Ap	olied For
1		26				59-339080		<u> </u>	Applicable
Suite, Apt.≢		Suite, Apl. #, etc.				5. Certificate of Status Desired		8.75 A Fee Re	dditional quired
City & State		City & State				Election Campaign Financing Trust Fund Contribution		5.00 Added to	
ಲ್ಲ - Zp	Country	Zip	Coi	untry		8. This corporation has liability for in	ntangible tax u	ınder s.	199.032,
4	25	29	30				Yes 🔲 No		•
<u></u>	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Re	gistered Agen	ıt	
HIEF	B, E. ALLEN JR			81	Name				
	RIVERPLACE BOULEVARD			82	Stroot Addr	ess (P.O. Box Number is Not Acceptab	امار		
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SIGNATURE	n lamiliar with, and accept the oblined in the state of the oblined in the state of					oration submits this statement for the p ion's board of directors. I hereby accep ed when reinstating)	DATE	· · · · · · · · · · · · · · · · · · ·	
2.		ND DIRECTORS	13.	<u>-</u>		ADDITIONS/CHANGES TO OFFICE	ERS AND DIR	ECTOR	S IN 12
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4. I do hereby certify that the information supplied with this filing does not quality 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 trustoe empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/97

(904) 448-2910