SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

FILED

Sep 22 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

	MENT # P96000 CAT PRODUCTIONS, INC.	076673 (8))			<u> </u>	
Principal Place of Business Mailing Address							
% KEITH E. MATTER 4013 W. LINEBAUGH AVENUE, #112 TAMPA FL 33624		% KEITH E. MATTER 4013 W. LINEBAUGH AVENUE. #112 TAMPA FL 33624		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report			
					09/11/1996	July Date of East Hope	.
2. Principal Pi	Place of Business 2a. Mailing Address 25				4. FEI Number 59 320 8003	Applied Not Ap	d For opi cable
	Suite, Apt. #, etc. Suite, Apt. #, et				5. Certificate of Status Desired	□ \$8.75 Addit	
22 27 27 City & Stole			City I State		<u> </u>	Fee Require	
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Added to Fe		
Zip	Country	Zip	Country	,	8. This corporation owes or has pai		
24	25	25 29 30			Personal Property Tax due June 30. Yes No		
	9, Name and Address of Current	Registered Agent			10. Name and Address of New Re	pistered Agent	
	iter, keith e		81	Name			ŀ
, 4013 W. LINEBAUGH AVENUE			82	Street Add	ress (P.O. Box Number is Not Acceptab	le)	
SUITE 112				ļ			
TAMPA FL 33624			83				
			84	City		85 Zip Code	e
						FL 8 ZIP COUR	
office or re agent I a	to the provisions of Sections 607,0502 egistered agent, or both, in the State on familiar with, and accept the obligations.	r and 607.1508, Florida Stati of Florida: Such change was tions of, Section 607.0505, f	utes, the abov authorized by Torida Statute	e-named corp y the corporat s.	poration submits this statement for the p dion's board of directors. I hereby accep	urpose of changing its regit the appointment as regi	gistered stered
SIGNATURE							
12.	Signature, typed or profited name of registered agent and title if applicable. (NOT OFFICERS AND DIRECTORS		11 Registered Age	ent signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	110
TITLE	D DELETE		1.1 TITLE		ADDITIONS/OFFICE TO OFFICE		Addition
NAME	MATTER, KEITH E		1.2 NAME				
STREET ADDRESS	sace of alternations at the contract of the co		1.3 STREFT	ADDRESS			
CITY-ST-ZIP	TAMPA FL 33624		1.4 CITY - S	ST - ZIP			Ì
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NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS		S m		
CITY-ST-ZIP			2. 4 CITY -	ST-ZIP			
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NAME			4. 2 NAME	HDBDen*			Ī
STREET ADDRESS			4.3 STREET				ŀ
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CITY-ST-ZIP	,		5.4 CHY-S			´ \a\v1	V()
TITLE		DELFTE	61 TITLE			Change	Addition
NAME			6.2 NAME]	10000229 -09/22/970103	9181]
STREET ADDRESS			6.3 STREET	ADDRESS	-09/22/970103	2032	
000 07 700			6 4 0/1/4 6		***550.00		

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 is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the exportation 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 changed, or opin attachment with an address.