CITY-ST-ZIP

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TITLE

FILE NOW: FILING FEE AFTER MAY 1ST IS \$650.90

Feb 04, 1999 8:00 am FLORIDA DEPARTMENT OF STATE Secretary of State **PROFIT** CORPORATION Katherine Harris 02-04-1999 90014 033 ***150.00 ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1999 DOCUMENT # P9700001878 KATHARINE VENTURES, INC. Mailing Address Principal Place of Business THE COLONNADE, STE 950 1600 S.E. 17TH STREET 5500 WAYZATA BLVD DO NOT WRITE IN THIS SPACE SUITE 404 **GOLDEN VALLEY MIN 55416** FORT LAUDERDALE FL 33316 3. Date incorporated or Qualifed .01/07/1997 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 65-0725033 26 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite, Apl. #, etc. Fee Required 27 22 \$5.00 May Be City & State Election Campaign Financing \Box City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation owes the current year Intangible Country Country ΩŃο ☐ Yes Personal Property Tax. 30 29 25 24 10. Name and Address of New Registered Agent B. Name and Address of Current Registered Agent 81 Name HAYES, WARREN D SR Street Address (P.O. Box Number is Not Acceptable) 321 ROYAL POINCIANA PLAZA 是過源的集團 PALM BEACH FL 33480 83 City 85 R4 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 from familiar with, and accept the obligations of, Section 807,0505, Florida Statutes. SIGNATURE o minstaling) CESENS4 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. Change Addition DELETE 117TLE TITLE 12 NAME ANDERSON, LEE R SR NAME 1.3 STREET ADDRESS THE COLONNADE, 5500 WAYZATA BLVD, STE 950 STREET ADDRESS 1.4 CITY - ST-ZIP **GOLDEN VALLEY MN 55416** Addition CITY-57-ZIP □ Change 21 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP Add:tion Change CITY-ST-ZIP 3.1 TITLE TIME HAS S. MASSION [SAN 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP Change : Addition CITY-ST-ZIP 41 III\E DELETE 4.2 NAME ; ..**.**" HAME ST. 11.00 4.3 STREET ADORES 35.55 E STREET ADDRESS 4.4 CITY-S1-ZIP Addition CITY-ST-ZIP Chance DELETE 5.1 TITLE TITLE 5.2 NAME NAKE 5.3 STREET ADORESS STREET ADDRESS 54 CITY-ST-ZIP Addition

FILED

Change

14. I 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 eath; 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 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 officer or director of the corporation of Block 12 or Block 13 if changed, at the an attachment with an address, with all other like empowered

62 NAME

6.3 STREET ADDRESS

8.4 CRY-ST-ZIP

DELETE

SIGNATURE: