

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

FILED
Apr 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham , Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000015322 (5)
 1. Corporation Name
THE CATALINA GROUP, INC.



Principal Place of Business 4524 GUN CLUB ROAD STE 203 WEST PALM BEACH FL 33415	Mailing Address 4524 GUN CLUB ROAD STE 203 WEST PALM BEACH FL 33415
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1833 Hendry Street Suite, Apt. #, etc. 22 City & State 23 Fort Myers, FL 33901 Zip Country		2a. Mailing Address 26 1833 Hendry Street Suite, Apt. #, etc. 27 City & State 28 Fort Myers, FL 33901 Zip Country		3. Date Incorporated or Qualified 02/18/1997		4. FEI Number 65-0822134 Applied For Not Applicable	
24		25		29		30	

9. Name and Address of Current Registered Agent GARNER, JAMES F III 1833 HENDRY ST FORT MYERS FL 33901				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				FL		85 Zip Code	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOGEL, CATHLEEN C	1.2 NAME	VOGEL, CATHLEEN C.
STREET ADDRESS	4524 GUN CLUB ROAD STE 203	1.3 STREET ADDRESS	1833 HENDRY STREET
CITY-ST-ZIP	WEST PALM BEACH FL 33415	1.4 CITY-ST-ZIP	FORT MYERS, FL 33901
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHILDS, ESTHER R	2.2 NAME	
STREET ADDRESS	1833 HENDRY ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33901	2.4 CITY-ST-ZIP	
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 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 supplementary 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: Cathleen C. Vogel January 30, 1998 305/460-6888

CR2E034 (10/97)