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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000015322

1. Corporation Name

THE CATALINA GROUP, INC.

Principal Place	of Business	Mailing Address											
1833 HENDRY S	1833 HENDRY ST	=											
FT MYERS FL 33901 FT MYERS FL 33901]	DO NOT WRITE IN THIS SPACE						
us us						3. Date Incorporated or Qualifed				11110	OI AOL		
							02/18/19		1100				
2 0	and of Divisional	2a. Mailing Address					4. FEI Number					Δnn	lied For
2. Principal Pla	ace of Business	⊢					65-08221			•	-	+ • •	Applicable
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	+, etc.	27] ;	Certificate of	Status Desire	d	_	· ·	e Rec	
City & State		City & State					6. Election Car	nnaign Einang	ina		¢ 5	00 .	May Be
一		28				'	Trust Fund ("'y 🗀				Fees
Zip	Country	Zip	Сош	ntry			8. This corpora		current vi	er Inte			
— 1 ·	25	29	30			,	Personal Pro		cuitem y		Yes	. [□No
24	9. Name and Address of Curren		<u> </u>			1	0. Name and	<u> </u>	ew Regis	tered A	Agent		
	Traine and realists of surrois			81	Name							_	
GARN	NER, JAMES F III				 								
1833	HENDRY ST			82	Street A	Address	(P.O. Box Num	ber is Not Acc	ceptable)				
FORT	MYERS FL 33901			83			······						····
			j	"									
				84	City					FL	85	Zip C	ode
office or re	o the provisions of Sections 607.0502 gistered agent, or both, in the State of n familiar with, and accept the obligat	of Florida. Such change was a	uthorized	by tr	ne corpo	oration's	board of directo	ors. I nereby a	ccepi ine	appoin	iment	as reg	istered
SIGNATURE				ites.		required whe	en reinstating)			ATE			
SIGNATURE	Signature, typed or printed name of registered agen	it and title if applicable. (NOTE	: Registered	ites.		required whe	en reinstating)	CHANGES TO					
SIGNATURE 5	Signature, typed or printed name of registered agen OFFICERS AN	it and title if applicable. (NOTE		Ites.	signature re			CHANGES TO				СТОР	
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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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Esther R. Childs