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

FILED Jun 24 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. M🍎 am Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 P97000030149 (3) DOCUMENT # KATORA ENTERPRISES, INC. Principal Place of Business Mailing Address 5459 JESSAMINE AVE. 5459 JESSAMINE AVE. NORTH PORT FL 34287 NORTH PORT FL 34287 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/02/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Žip Country Country 8. This corporation owes or has paid the current year Intangible Yes 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LANGDON, ALLEN E 125 FIRST AVE. 82 Street Address (P.O. Box Number is Not Acceptable) NOKOMIS FL 34275-4242 City Zip Code 85 11. Pursuant to the provisions of Soctions 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. If 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) Signature, typed or pentea trame of registered agent and the if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition 11 TITLE TITLE NAME KLUGE, RANDALL S 1.2 NAME **5459 JESSAMINE AVE** STREET ADDRESS 1.3 STREET ADDRESS NORTH PORT FL 34287 1.4 CITY-ST-ZIP CITY-\$T-ZIP DELLIE Change Addition 2.1 TITLE TITLE KLUGE, MELISSA D NAME 2.2 NAME STREET ADDRESS 5459 JESSAMINE AVE. 2.3 STREET ADDRESS NORTH PORT FL 34287 CITY-ST-ZIP 2 4 CHTY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE WHITMORE, ELINA F 3.2 NAME NAME 5459 JESSAMINE AVE. 3.3 STREET ADDRESS STREET ADDRESS NORTH PORT FL 34287 3.4. CITY - ST- ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4 1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 61 TITLE TITLE 20000.2571992 -06/25/35-00018-042 6.2 NAME NAME

***158,75 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 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 attapt ment with an address.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

Schliel

4/27/88

(10/97 **32E034**