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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P97000037041 (5)

Apr 23 1998 8:00am Secretary of State

	CATS DESIGN STUDIO, INC	•				
Principal Place	e of Business	Mailing Address				44 ***********************************
1364 LA CLEDE AVE 1364 LA CLEDE AVE						
JACKSONVILLE FL 32205		JACKSONVILLE FL 32205		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	
ļ					04/24/1997	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For
21		[26]		59-3441184	Not Applicable	
Suite, Apt. #, etc.		Surte, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional	
22		[27]				Fee Required
City & State		City & State		6. Flection Campaign Financing	\$5.00 May Be	
Zip Country		28 	Country		Trust Fund Contribution	Added to Fees
24	25	- t	-ı ´		 This corporation owes or has paid the Personal Property Tax due June 30. 	e current year intangible
9. Name and Address of Ci					10. Name and Address of New Registered Agent	
RFI	NFROE, THERESA A		81	Name		
	H LA CLEDE AVE		82	Chrost Add	dress (P.O. Box Number is Not Acceptable)	
	CKSONVILLE FL 32205		62	Sirebi Add	dress (P.O. Box Number is Not Acceptable)	
			83			
			84	City		85 Zip Code
			64	City		FL 85 Zip Code
1 office or re	egistered agent, or both, in the State or familiar with, and accept the obligations are typed or procedures of registered age.	of Flooda, Such change was at tions of, Section 607,0505, Floo	ithorized by ida Statutes	the corpora	rporation submits this statement for the purpo- ation's board of directors. I hereby accept the	appointment as registered
12.	OFFICERS AND		13.	nt s graion, req.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	D	DELETE	1.1 TOLE	······································	7.5571103.07011111020110	Change Addition
NAME	RENFROE, THERESA A		1.2 NAME			
STREET ADDRESS 1364 LA CLEDE AVE			1.3 STHEET ADDRESS			
CITY-ST-7IP	JACKSONVILLE FL 32205		1.4 CITY - S	(· ZIP		
TITLE	Д	DELETE	2.1 TIFLE			Change Addition
NAME	Brown, Sue		2.2 NAME			
STREET ADDRESS			2.3 STREET	ADDRESS		
CITY-ST-ZIF	JACKSONVILLE FL 32205		2 4 CITY - S	T-ZIP		
TITLE		DELETE	3.1 TITLE 3.2 NAME			Change Addition
NAME						
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP			34 CITY-S	I - ZIP		
TIFLE		☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME			4 2 NAME			
STREET ADDRESS			4.3 \$1REE1			
City - ST - ZiP		DELETE	4.4 CITY - ST	I - ZIP		Change Addition
TIFLE			5.1 TITLE			ET CHANGE ET MOUBILOR
NAME CARDOLOG			5.2 NAME	ADDRESS		
STREET ADDRESS			5.3 STREET			
City - ST - ZIP THLF		DELETE	5.4 CITY - ST	1 - ZIP'		Change Addition
NAME		L. DUUR	6.2 NAME			L J Onlange L J Audillon
				4D/001.00		
STREET ALIDRESS			6.3 STREET	MDDUL 99		

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 appears.

6.4 CITY - ST- ZIP

SIGNATURE:

4/4/98

904-783-3952