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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000055855 (5) **DOCUMENT #**

CAT & LITTLE CAT, INC.

Principal Place of Business Mailing Address 714 S ATLANTIC DRIVE SW 714 S ATLANTIC DRIVE SW LANTANA FL 33462 LANTANA FL 33462 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/01/1997 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 65-0168748 21 26 Not Applicable Suite Apt. #. etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing П 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. XYes [] No 24 25 30 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KATURA, KAT 714 S ATLANTIC DRIVE SW Street Address (P.O. Box Number is Not Acceptable) 82 LANTANA FL 33462 83 84 City Zip Code 85

Pursuant to the provisions of Sochons 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, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE (NOTE Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE NAME 1.2 NAME leonard kanner 714 5 Atlantic De SW STREET ADDRESS 1.3 STREET ADDRESS Lantana, FR 33462 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition TITLE 21 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE Change Addition TITLE 41 TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - \$T-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby 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 13 if changed, or on an uttachment with an address.

SIGNATURE:

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ko.t statuea

2-5-92

561-585-5776

FILED

Feb 10 1998 8:00am

Secretary of State

CR2E034 (10/97