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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # P97000055855

CAT & LITTLE CAT, INC.

Principal Place of Business
714 S ATLANTIC DRIVE SW

Mailing Address

714 S ATLANTIC DRIVE SW LANTANA FL 33462

FILED Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90079 025 ***150.00



LANTANA FL 33462		LANTANA FL 33462			DO NOT WRITE IN THIS SPACE			
					3. Date incorporated or Qualifed			
					07/01/1997			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For	
<u> </u>		26			65-0768748	No	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			S \$	8.75	Additional	
2		27	27		5. Certifcate of Status Desired	Fee Re	equired	
City & State	9	City & State	<u> </u>			\$5:00	May Be	
3		28	28		Trust Fund Contribution	Added t	lo Fees	
Zip	Country	Zip	Countr	y	8. This corporation owes the current year Intangit	ble		
4	25	29	30		Personal Property Tax.	Yes	□No	
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered Age	nt		
			8	1 Name				
KATI	JRA, KAT		8:	Stroot A	Address (P.O. Box Number is Not Acceptable)			
714 S ATLANTIC DRIVE SW			0.	Street A	addless (F.O. Box Number is Not Acceptable)			
	TANA FL 33462		8:	3				
						-T 7:	C-4-	
			8-	4 City	· FL \8	5 Zip	Code	
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505, Flori	ida Statute	·S.	ration's board of directors. I hereby accept the appointme			
OIOIAN OILE	Signature, typed or printed name of registered ager			ent signature red	quired when reinstating) DATE	IDEOT	000 111 40	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND D	Change	☐ Addition	
TITLE	VP ,	☐ DELETE	1.1 TITLE	1.	No. 1 4 4 1 1 1	mange		
NAME	KAMNER, LEONARD> K I	AMNER	1.2 NAME	·	learner Clarged			
STREET ADDRESS	714 S ATLANTIC DR SW	_	1.3 STRE	ET ADDRESS	•			
CITY-ST-ZIP	LANTANA FL 33462		1.4 CITY-	ST-ZIP		101	CV A delicities	
TITLE		☐ DELETE	2.1 TITLE		-] Change	Addition	
NAME			2.2 NAME	:	KATJA Stultzens			
STREET ADDRESS			2.3 STRE		714 S. Atlantic Da			
CITY-ST-ZIP			2. 4 CITY	· ST-ZIP	Lantana, re 33462			
TITLE		☐ DĒĪĒTĒ	3.1,TITLE			Change_		
NAME	<u> </u>		3.2 NAME	:				
STREET ADDRESS			3.3 STRE	ET ADDRESS				
CITY-ST-ZIP			3.4. CITY	-ST-ZIP				
TITLE		☐ DELETE	4,1 TITLE] Change	Addition Addition	
NAME			4. 2 NAM	E				
STREET ADDRESS			4.3 STRE	ET ADDRESS				
CITY-ST-ZIP			4.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE] Change	Addition	
NAME			5.2 NAME	<u>:</u>				
STREET ADDRESS			5.3 STRE	ET ADDRESS				
CITY-ST-ZIP			5.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE] Change	Additio	
NAME			6.2 NAME	:				
STREET ADDRESS			6.3 STRE	ET ADDRESS				
CITY-ST-7IP			6.4 CITY-	ST-ZIP				
CHY-SI-ZIP	II							

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.

SIGNATURE



1-28-5

S61-585-5776

:R2E034 (11/98)