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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000071206 (1)

CRAIG CAT OF SOUTH FLORIDA, INC.

Secretary of State

FILED

Jan 29 1998 8:00am

Principal Place of Business	Mailing Address			1					
GRASSY ROAD 4 GRASSY ROAD KEY LARGO FL 33037 KEY LARGO FL 33037			DO NOT WRITE IN THIS SPACE						
				 Date Incorporated or Qualified 08/18/1997 					
2. Principal Place of Business 1 103360 Overseas Hwy	2a. Mailing Address 26 4 Grassy R	А		4. FEI Number 65-0714748	-	Applied For Not Applicable			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		75 Additional se Required			
City & State 23 Key Large, +1	City & State 28 Key Lorgo,	4))	Election Campaign Financing Trust Fund Contribution		.00 May Be ided to Fees			
Zip Country 24 33037 25 Monroe	1 = 7:	untry 10)	nroe	 This corporation owes or has paid the corporation of the Personal Property Tax due June 30. 	rrent ye Yes	ar Intangible No			
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent						
AMERILAWYER CHARTERED		81	Name						
343 ALMERIA AVENUE CORAL GABLES FL 33134			82 Street Address (P.O. Box Number is Not Acceptable)						
			-						
		84	City	FL	85	Zip Code			
 Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am famili with, and accept the obligat 	if Florida. Such chande was authorize	aa nv	the corporatio	ration submits this statement for the purpose on's board of directors. I hereby accept the ap	of chang pointme	ing its registered nt as registered			
SIGNATURE Clizabeth		1/2	<u> ~~/</u>	95					
Signature, types of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE									

agent. I ai		ligations of, Section 607.0505, Florid	da Statnies:		1/22/9	~/
SIGNATURE .	Clizabeth	social	Registered Agent signature requir	and whom reinstation)	1/22/9	<u> </u>
Signature, typeg by printed name of registered agent and title if applicable. (NOTE: 1 OFFICERS AND DIRECTORS			13.	ADDITIONS/CHANGES TO O		\$ IN 12
TITLE	PSD	DELETE	1.1 TITLE		☐ Change	Addition
NAME	GOSNEY, ROBERT ALAN		- 1.2 NAME			
STREET ADDRESS	4 GRASSY ROAD		1.3 STREET ADDRESS			
CITY-ST-ZIP	KEY LARGO FL 33037		1.4 CITY - ST - ZIP			
TITLE	VTD	DELETE	2.1 TITLE		Change	Addition
NAME	SACHS, ELIZABETH		2.2 NAME			
STREET ADDRESS	4 GRASSY ROAD		2.3 STREET ADDRESS			İ
CITY-ST-ZIP	KEY LARGO FL 33037		2. 4 CITY-ST-ZIP			
TITLE		DELETE	3,1 TITLE		Change	☐ Addition
NAME			3.2 NAME			İ
STREET ADDRESS			3.3 STREET ADDRESS			Ì
CITY-ST-ZIP			3,4. CITY - ST - ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			1
CITY-ST-ZIP			4,4 CITY-ST-ZIP	-		<u> </u>
TITLE	"""	DELETE	S.1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY - ST - ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		L Change	Addition Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			

14. I hereby certify that the Information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

(305).451-1633