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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000077724

1. Corporation Name

CATRENA L. WRIGHT, INC.

Principal Place of Business

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90148 007 ***150.00



i inicipal r lace of oddiness	Mailing Address							
3336 WEST BROWARD BOULEVARD FT. LAUDERDALE FL 33312	3336 WEST BROWARD BOULEVA FT. LAUDERDALE FL 33312	ARD			DO NOT WRITE IN TH	S SDACE	=	
				3	Date Incorporated or Qualifed	3 SPACE		
				"	09/05/1997			
2. Principal Place of Business	2a. Mailing Address			4.	FEI Number		Applied For	
21	26			1	65-0777836	<u> </u>	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5.	Certifcate of Status Desired		75 Additional ee Required	
City & State	City & State			6.	Election Campaign Financing Trust Fund Contribution		.00 May Be	
Zip Country	Zip (29 30)	- · · · · · · · · · · · · · · · · · · ·		8. This corporation owes the current year Intangible Personal Property Tax.				
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent					
HARRIS, JOE K 3336 WEST BROWARD BOULEVARD			81 Name 82 Street Address (P.O. Box Number is Not Acceptable)					
			83					
		84	City		F	85	Zip Code	
office or registered agent, or both, in	ns 607.0502 and 607.1508, Florida Statutes, the n the State of Florida. Such change was authori t the obligations of, Section 607.0505, Florida S	zed by	the corporation	ratio n's bo	n submits this statement for the purpose opered of directors. I hereby accept the appropriate the control of th	of changir ointment	ng its registered as registered	
SIGNATURE								

SIGNATURE						
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS						
TITLE	PTD DELETE	1.1 TITLE	Change Addition			
NAME	HARRIS, JOE K	1.2 NAME				
	3336 WEST BROWARD BOULEVARD					
STREET ADDRESS		1.3 STREET ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	1.4 CITY-ST-ZIP				
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition			
NAME		2.2 NAME				
STREET ADDRESS		2.3 STREET ADORESS				
CITY-ST-ZIP		2. 4 CITY-ST-ZIP				
TITLE	DELETE	3.1 TITLE	☐ Change ☐ Addition			
NAME		3.2 NAME				
STREET ADDRESS		3 3 STREET ADDRESS				
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				
CITY-ST-ZIP		4.4 CITY-ST-ZIP				
TITLE	☐ DELETE	5.1 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	☐ Change ☐ Addition			
NAME ·		6.2 NAME				
STREET ADDRESS	•	6.3 STREET ADDRESS				
CITY-ST-ZIP		64 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 attachment with an address, with all other like empowered.

SIGNATURE: