## 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

P97000085326 (1) DOCUMENT #

CAT FUR MUSIC, INC.

## **FILED** Jan 23 1998 8:00am Secretary of State



Principal Place of Business Mailing Address									
2854 SW 183	RD AVENUE		:	2854 SW 183RD AVEN	IUE				
MIRAMAR FL 33029			•	MIRAMAR FL 33029				DO NOT WRITE IN THIS SPACE	
								Date Incorporated or Qualified     10/01/1997	
2. Principal Place of Business				2a. Mailing Address				4. FEI Number Applied For	
21				26				59 - 3477 626 Not Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required	
City & State			-	City & State				Election Campaign Financing \$5.00 May Be	
23			28	Zip Country				Trust Fund Contribution Added to Fees	
Zip	<u> </u>	Country		Zip	$\vdash$	intry		8. This corporation owes or has paid the current year Intangible	
24	A Name an	d Address of Cur	29	tered Agent	30	1		Personal Property Tax due June 30. LJ Yes X No 10. Name and Address of New Registered Agent	
DC.			rem mogra	teles Agent		81	Name	IO, Haine and Addiese of Helt Hegistered Agent	
DEPOLLO, WILLIAM L 2854 SW 183RD AVENUE MIRAMAR FL 33029							82 Street Address (P.O. Box Number is Not Acceptable)		
M	HAMAH FL 33	IUZ9				83			
						84	City	FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its re									
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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE	Signature typedox r	rinted to another to	Levent and title	if annicatio (Ni	OTE Bonistera	d Anai	n) sanglure	required when reinstaling) DATE	
Signature, typed or printed name of registered age  12. OFFICERS ANI							in eignature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		DELETE 11		TLE		PRESIDENT Change Addition			
NAME				1.2 h		l l		ANCELA T DE PAGLO	
STREET ADDRESS	DRESS			1.3 \$		TREET .	ADDRESS	ANGELA T. D. PAGLO 2490 SW 14TH DRIVE #35	
CITY-ST-ZIP				1.4 CI				GAINESVILLE, FL 32608	
TITLE				☐ DELETE				υ, ρ. □ Change ☑ Addition	
NAME				2.2 N		3MA		WILLIAM L. DEPOLLO	
STREET ADDRESS	s				2.3 \$		ADDRESS	2854 SW 183RD AU	
CITY-ST-ZIP					2.40		T-ZIP	MIRAMAR, FC 33029	
TITLE				☐ DELETÉ	DELETE 3.1 TIT			Change Addition	
NAME	ME				3.2 NA		- 1		
STREET ADDRESS					3.3 STR		ADDRESS	·	
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TITLE				DELETÉ 4.1 T		TLE		Change Addition	
NAME				4.2 N		iamé			
STREET ADDRESS					4.3 STI		ADDRESS		
CITY - ST - ZIP	ST-ZIP					IY-\$1	r-zip		
TITLE				DELETE 5.1		5.1 TITLE		☐ Change ☐ Addition	
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STREET ADDRESS					5.3 STREET AL				
CITY-ST-ZIP					5.4 CITY				
TITLE				☐ DELETE	DELETE 6.1 TIT		I	Change Addition	
NAME					6.2 N	AME			
STREET ADORESS					6.3 ST	REET	ADDRESS		
CITY-ST-ZIP						TY-\$I			
14 I hereby o	ertify that the in	oformation supplier	d with this f	iling does not qualify	for the exc	emot	ion state	ed in Section 119.07(3)(i). Florida Statutes. I further certify that the information. I	

Indicated on this annual report or supplied with this ning does not qualify for the exemption stated in Section 119.07(3)(), Florida Statules. 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 it 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.