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**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9800006092

1. Corporation Name

## FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90102 001 \*\*\*150.00

1116 661	CATALUG CORP.					
Principal Place	of Business	Mailing Address				
19859 GARDENI JUPITER FL 334	A DRIVE	19859 GARDENIA DRIVE JUPITER FL 33469				
				•	DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed 01/20/1998	
2. Principal Pl	lace of Business	2a. Mailing Address				Applied For
21		26			65-0813497	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			E Cartifecte of Status Decired	Additional
22		27			ree	Required
City & State		City & State			, , , , , , , , , , , , , , , , , , , ,	May Be d to Fees
23		28	Cou	ntne		d to rees
Zip	Country	Zip	r	nu <b>y</b>	8. This corporation owes the current year Intangible Personal Property Tax.	7 <u>5</u> 4No
24	9. Name and Address of Curren	29 Agent	30		10. Name and Address of New Registered Agent	
	9. Name and Address of Curren	it Kegistered Agent		81 Name	To. Halle and The street of th	
COR	PORATION SERVICE COMPANY				-	
	HAYS STREET			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
	AHASSEE FL 32301-2525			83		
				84 City	FL <sup>85</sup> Z	p Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	utes, the a	bove-named corp	paration submits this statement for the number of changing	its registered
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was	aumonzec	i ny ine corporatio	on's board of directors. I hereby accept the appointment as	registered
	m familiar with, and accept the conga	ilions of, decilon oor.osos, i	ionda otati			}
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NO	TE: Registered	Agent signature require		
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIREC	
TITLE	PS	☐ DELETE	1.1 111	rle .	☐ Chane	ge 🔲 Addition 🗦
NAME	CARLSON, PAUL		1.2 NA	ME		
STREET ADDRESS	19859 GARDENIA DRIVE					
1			. 1.3 ST	REET ADDRESS		100
CITY-ST-ZIP	JUPITER FL 33469		1.4 CF	TY-ST-ZIP		
CITY-ST-ZIP TITLE	JUPITER FL 33469	☐ DELETE	1.4 CF 2.1 TF	TY-ST-ZIP	Chang	ge Addition
	JUPITER FL 33469	☐ DELETE	1.4 CT 2.1 TT 2.2 NA	TY-ST-ZIP TLE AME	☐ Chang	ge Addition
TITLE	JUPITER FL 33469	☐ DELETE	1.4 CT 2.1 TT 2.2 NA	TY-ST-ZIP	☐ Chang	je Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUPITER FL 33469		1.4 CF 2.1 TF 2.2 NA 2.3 ST 2.4 C	TY-ST-ZIP TLE AME TREET ADDRESS	and the second s	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUPITER FL 33469		1.4 CI 2.1 TI 2.2 NV 2.3 SI 2.4 C 3.1 TI 3.2 NV	TY-ST-ZIP TLE MME TREET ADDRESS ITY-ST-ZIP TLE AME	and the second s	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	JUPITER FL 33469		1.4 CT 2.1 TT 2.2 N/2 2.3 ST 2.4 C 3.1 TF 3.2 N/4 3.3 ST	TY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP TLE MME REET ADDRESS	and the second s	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUPITER FL 33469	☐ DELETE	1.4 CT 2.1 TT 2.2 NV 2.3 ST 2.4 C 3.1 TT 3.2 NV 3.3 ST 3.4, C	TY-ST-ZIP  TLE  MME  REET ADDRESS  ITY-ST-ZIP  TLE  MME  REET ADDRESS  ITY-ST-ZIP	and the second s	ge
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	1.4 CF 2.1 TF 2.2 NV 2.3 ST 2.4 C 3.1 TF 3.2 NV 3.3 ST 3.4, C 4.1 TF 4.2 N	TY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP TREET ADDRESS ITY-ST-ZIP TLE AME	☐ Chang	ge
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	1.4 CI 2.1 TI 2.2 NV 2.3 ST 2.4 C 3.1 TI 3.2 NV 3.3 ST 3.4 C 4.1 TI 4.2 N 4.3 ST 4.4 CI	TY-ST-ZIP TLE MME TREET ADDRESS TY-ST-ZIP TLE MME TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE TREET ADDRESS TY-ST-ZIP	☐ Chang	ge Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	1.4 CI 2.1 TI 2.2 NV 2.3 ST 2.4 CC 3.1 TI 3.2 NV 3.3 ST 3.4 . C 4.1 TI 4.2 N 4.3 ST 4.4 CI 5.1 TI 5.2 NV 5.3 ST	TY-ST-ZIP TLE MME TREET ADDRESS TY-ST-ZIP TLE MME TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE TREET ADDRESS TY-ST-ZIP TLE TREET ADDRESS TY-ST-ZIP TLE TREET ADDRESS TY-ST-ZIP	☐ Chang	ge Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE		DELETE	1.4 CI 2.1 TI 2.2 NV 2.3 ST 2.4 CC 3.1 TI 3.2 NV 3.3 ST 3.4 . C 4.1 TI 4.2 N 4.3 ST 4.4 CI 5.1 TI 5.2 NV 5.3 ST 5.4 CI	TY-ST-ZIP TLE MME REET ADDRESS TTY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP TLE REET ADDRESS TY-ST-ZIP TLE REET ADDRESS TY-ST-ZIP TLE TREET ADDRESS	☐ Chang	ge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	1.4 CI 2.1 TI 2.2 N 2.3 SI 2.4 C 3.1 T 3.2 N 3.3 SI 3.4 C 4.1 TI 4.2 N 4.3 SI 4.4 CI 5.1 TI 5.2 N 5.3 SI 5.4 CI 6.1 TI 6.2 N	TY-ST-ZIP TLE MME REET ADDRESS TTY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP TLE REET ADDRESS TY-ST-ZIP TLE REET ADDRESS TY-ST-ZIP TLE TREET ADDRESS	☐ Chang	ge Addition

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:** 

561-746-7113