

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

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90230 016 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000006945**

1. Corporation Name  
**CATE BUILDING & RESTORATION, INC.**



Principal Place of Business 1700 WORTHINGTON ROAD WEST PALM BEACH FL 33409	Mailing Address 1700 WORTHINGTON ROAD WEST PALM BEACH FL 33409
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>01/22/1998</b>	4. FEI Number <b>65-0806367</b>	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>1700 WORTHINGTON RD.</b>	2a. Mailing Address 26 <b>1700 WORTHINGTON RD</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 <b>WEST PALM BEACH, FL</b>	City & State 28 <b>WEST PALM BEACH, FL</b>
Zip 24 <b>33409</b>	Country 25 <b>U.S.A.</b>
Zip 29 <b>33409</b>	Country 30 <b>U.S.A.</b>

9. Name and Address of Current Registered Agent <b>CATE, WILLIAM G 3093 BUCCANEER ROAD LANTANA FL 33462</b>		81 Name		10. Name and Address of New Registered Agent	
		82 Street Address (P.O. Box Number is Not Acceptable)			
		83			
		84 City		<b>FL</b>	
				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 registered 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 \_\_\_\_\_ DATE \_\_\_\_\_  
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 IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D CATE, WILLIAM G</b>	1.2 NAME	<b>V CATE, LINDA J.</b>
STREET ADDRESS	<b>3093 BUCCANEER ROAD</b>	1.3 STREET ADDRESS	<b>3093 BUCCANEER RD</b>
CITY-ST-ZIP	<b>LANTANA FL 33462</b>	1.4 CITY-ST-ZIP	<b>LANTANA, FL 33462</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>S CATE, TIMOTHY J.</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>3093 BUCCANEER RD.</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>LANTANA, FL 33462</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>P CATE, WILLIAM G.</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>3093 BUCCANEER RD.</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>LANTANA, FL 33462</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>T CATE, WILLIAM L.</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>3093 BUCCANEER RD.</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>LANTANA, FL 33462</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: WILLIAM G. CATE DATE: 4/15/99 (561) 689-9986  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)