PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT. # P98000025365

KATHERINE OF CANTERBURY, INC.

FILED Mar 17, 1999 8:00 am Secretary of State 03-17-1999 90067 014 ***150.00

IVATTIGITIES	ME OF OMNEROUS, INC.									
Principal Place	of Business	Mailing Address								
2919 WEST BAY		2919 WEST BAY DR.				1				
BELLEAIR BLUFFS FL 34640 BELLEAIR BLUFFS FL 34640			O			DA NOT WOLTE	IN THIS S	PACE		
Opposition of a constant of the constant of th						DO NOT WRITE	IN INIS	PAUE		1
						3. Date incorporated or Qualifed 03/18/1998				
2. Principal Pla	ace of Business	2a. Malling Address				4. FEI Number 35000	63		Applied For Not Applicable	ł
21		26			<u> </u>	3-7-3-2000	<u> </u>		-Additional	ł
Sulte, Apt. I	#, etc	.Suite, Apt. #, etc.	.Suite, Apt. #, etc.			5. Certificate of Status Desired			Required	
22		27								i
City & State		City & State				-B.=Election Campaign Financing			O·May Be I to Fees	
23		28				Trust Fund Contribution			1 (C) Fees	1
Zip	Country	Zip		ountry		8. This corporation owes the current	t year inta	ngiore.	□No	
24	25	29	30			Personal Property Tax.				1
	9. Name and Address of Current	Registered Agent			N	10. Name and Address of New Re	Aistelen v			1
8145	TE DAMED E			81	Name					1
PLATTE, DAVID E				82 Street Address (P.O. Box Number is Not Acceptable)						
	NDIAN ROCKS ROAD								3 1	ł
BELL	EAIR FL 34616			83						
				84	City			85 Zi	Code	1
1				- 1 ° 1			<u>FL</u>	_لــــــــــــــــــــــــــــــــــــ		
		and 607 1509 Florida Statut	es the	above	named co	moration submits this statement for the pr	urpose or o	hanging	its registered	1
CICNIATURE	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligati						the appoint	tment as	its registered registered	ء
SIGNATURE	Signistaire, typed or printed herne of registered agent	and the I applicable. (NOTE	: Register	red Agent		red when reinstating)	DATE			(98)
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS ANI	and tipe if applicable. (NOTE D DIRECTORS	: Register	red Agent 3.			DATE		ORS IN 12	(11/98)
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS ANI	and the I applicable. (NOTE	Pagister 13	red Agent 3. TIILE		red when reinstating)	DATE	DIREC	FORS IN 12	Ξ
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CITY-ST-ZP 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 suppliemental 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 of the people's or hystee 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, of on any attachment with an address, with all other like empowered.

SIGNATURE: