

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

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90282 024 \*\*\*150.00

DOCUMENT # P98000093597 ✓

1. Corporation Name

CATALINA DEVELOPMENT CORP.

Principal Place of Business

11460 SW 99 Terrace  
Miami, FL 33176

Mailing Address

Suite 330, 9990 SW 77 Ave.  
Miami, FL 33156-2699

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

Dec. 31st, 1998

2. Principal Place of Business

21 11460 S.W. 99 Terrace

Suite, Apt. #, etc.

22

City & State  
23 Miami, FL

Zip Country  
24 33176 25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27

City & State

28 Zip Country  
29 33176 30 USA

4. FEI Number

65-0881737

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible-  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

John A. Margolis, Esq.  
Suite 330, 9990 S.W. 77 Avenue  
Miami, FL 33156-2699

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P/D Ken Glick ☐ DELETE  
NAME  
STREET ADDRESS 9220 SW 78 Court  
CITY-ST-ZIP Miami, FL 33156

TITLE VP/D Sharon Glick ☐ DELETE  
NAME  
STREET ADDRESS 9220 SW 78 Court  
CITY-ST-ZIP Miami, FL 33156

TITLE S/D Larry Weinstein ☐ DELETE  
NAME  
STREET ADDRESS 11460 SW 99 Terrace  
CITY-ST-ZIP Miami, FL 33176

TITLE D Stephanie Weinstein ☐ DELETE  
NAME  
STREET ADDRESS 11460 SW 99 Terrace  
CITY-ST-ZIP Miami, FL 33176

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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: Larry Weinstein, Secretary

4/16/99

305-271-9996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)