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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S54772 1. Corporation Name

Principal Place of Business

CATALYTIC CONNECTION, INC.

4705 SW 51ST BAY 6 DAVIE FL 33314 US		4705 SW 51ST							
		BAY 6			DO NOT WRITE IN THIS SPACE				
		DAVIE FL 33314 US		3. Date Incorporated or Qua 05/23/1991			-; ,		
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	- 1	Apr	olied For	15
26					65-0267240		Not	Applicable	- Ç
Suite, Apt.	# atc		Suite, Apt. #, etc.				\$8.75 A	dditional	Ü
-	m, 6tc.	27			5. Certifcate of Status Desire	ed 🗆	Fee Red	quired	
City & State			City & State			cing _	\$5.00	Mav Be	
—	5	28	1 '			~~~ □	Added to		
			Countr	у	8. This corporation owes the	current year In	tangible		
			sn .	•	Personal Property Tax.	•	Yes	□No	
24	9. Name and Address of Current	<u> </u>	"		10. Name and Address of N	ew Registered	Agent		
	J. Hallie died 7 de		8	1 Name				• •	
BLA	NTON, GERALD		L		1 (D.O. Davidsonia blad An	table)			
4181	SW 6TH ST		8:	2 Street Add	dress (P.O. Box Number is Not Ac	ceptable)	٠,		
	NTATION FL 33317		8	3	151 1 5 3 1 5 5 5	Charattan	ENGLINE 2		
			L			與其學學關		18163	
			8	4 City	A STATE OF S	FI	" ' 85 Zip C	Code ' ' '	
4200 - 1200	to the provisions of Sections 607.0502	L COZ 4500 Florido Ctatutos	the obe	ue named cor	poration submits this statement for	r the nurnose o	f changing its	registered	ı
					tion's board of directors. I hereby	accept the appo	intment as req	gistered	ı
€35 agent? l'a	m familiar with, and accept the obligat	ions of, Section 607.0505, Florid	da Statute	es.	· ×				ı
SIGNATURE			-		The second secon	DATE			١,
Signature, typed or printed name of registered agent and title if applicable. (NOTE: N			Registered Ag	ent signature requir	ADDITIONS/CHANGES TO		ND DIRECTO	RS IN 12.	
12.	OFFICERS AN	D DIRECTORS	_	·		, O. (102.10 / 1	☐ Change	Addition	
TITLE	PST		1.1 TITLE		\$1.18.72M			<u> </u>	;
NAME	BLANTON, GERALD W		1.2 NAME						6
STREET ADDRESS	4181 SW 6 ST	4	1	ET ADORESS				•	, ,
CITY-ST-ZIP	PLANTATION FL		1.4 CITY				Change	Addition	
TITLE		☐ DELETE	2.1 TITLE				□ Change		ĺ
NAME			2.2 NAME	Ē					ı
STREET ADDRESS			2.3 STRE	ET ADDRESS					ì
CITY-ST-ZIP	e :		2. 4 CITY	-ST-ZiP	· · · · · · · · · · · · · · · · · · ·				l
TITLE		☐ DELETE 3.1 TI		:			☐ Change	☐ Addition	1
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STREET ADDRESS		•	4.3 STRE	ET ADORESS			· 1		
			4.4 CITY						
CITY-ST-ZIP TITLE		□ DELETE	5.1 TITLE				Change	☐ Addition	
		_	5.2 NAM		图 化建筑	• •			
NAME			5.3 STR	ET ADDRESS	e de la companya de l				
STREET ADDRESS	1727		5.4 CITY	1					
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TITLE			6.2 NAM					_	
NAME				EET ADDRESS					
STREET ADDRESS						•			
	I .		■ 6.4 CITY	-ST-7IP					

FILED Feb 16, 1999 8:00am **Secretary of State**

02-16-1999 90070 005 ***150.00



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 changes, or on an attachment of the receiver of the corporation of the receiver or trustee empowered.

SIGNATURE