

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
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95 APR 25 AM 7:55

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # V12051 (1)

**1. Corporation Name
CAT C, INC.**

**Principal Place of Business Mailing Address
1314 SW 118TH TERRACE 1314 SW 118TH TERRACE
DAVE FL 33325 DAVE FL 33325**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/03/1992 3a. Date of Last Report 04/08/1994

4. FEI Number 65-0311564 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 has liability for intangible tax under S. 100.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CRESPO, CATHERINE
1314 SW 118TH TERRACE
DAVE FL 33325**

**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 registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**TITLE DPV
NAME CRESPO, CATHERINE
STREET ADDRESS 1314 SW 118TH TERRACE
CITY - ST - ZIP DAVE FL**

**TITLE ST
NAME CRESPO, CATHERINE
STREET ADDRESS 1314 SW 118TH TERRACE
CITY - ST - ZIP DAVE FL**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

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CITY - ST - ZIP**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**1 1 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP**

**2 1 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP**

**3 1 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP**

**4 1 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP**

**5 1 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP**

**6 1 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE:

Catherine A. Crespo
CATHERINE A. CRESPO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/95

305-463-6363

Date Daytime Phone #