FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 17 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **751956** **(4)**

1. Corporation Name

CATS EXCLUSIVE, INC.

Principal Place of Business	Mailing Address
C/O MARGARET D. JACKSON 5010 MADISON STREET HOLLYWOOD FL 33021	C/O MARGARET D. JACKSON 5010 MADISON STREET HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/10/1980**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-2212954** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

JACKSON, MARGARET D.
5010 MADISON STREET
HOLLYWOOD FL 33021

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 _____ 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	D	11 TITLE	D/P ☑ Change ☐ Addition
NAME	JOHNSON, MARACAVA	12 NAME	Louis Johnson
STREET ADDRESS	1600 DOVER ROAD, B215	13 STREET ADDRESS	1600 Dover Road, B215
CITY-ST-ZIP	DELRAY BEACH FL	14 CITY-ST-ZIP	Delray Beach, FL. 33445
TITLE	PD	21 TITLE	D/T ☑ Change ☐ Addition
NAME	BILELLO, LORI	22 NAME	Lori Bilello
STREET ADDRESS	390 S.E. 6TH STREET	23 STREET ADDRESS	390 SE 6 Terr.
CITY-ST-ZIP	POMPANO BEACH FL	24 CITY-ST-ZIP	Pompano Beach, FL. 33060
TITLE	CD	31 TITLE	C/D/S ☑ Change ☐ Addition
NAME	JACKSON, MARGE	32 NAME	Marge Jackson
STREET ADDRESS	5010 MADISON STREET	33 STREET ADDRESS	5010 Madison St.
CITY-ST-ZIP	HOLLYWOOD FL	34 CITY-ST-ZIP	Hollywood, FL. 33021
TITLE	VP	41 TITLE	D ☑ Change ☐ Addition
NAME	JOHNSON, LOUIS	42 NAME	~~Cathy~~ Maracaya Johnson
STREET ADDRESS	1600 DOVER ROAD, B215	43 STREET ADDRESS	1600 Dover Rd, B215
CITY-ST-ZIP	DELRAY BEACH FL	44 CITY-ST-ZIP	Delray Beach, FL. 33445
TITLE	TD	51 TITLE	D/V ☑ Change ☐ Addition
NAME	BILELLO, RICHARD	52 NAME	Richard Bilello
STREET ADDRESS	390 S.E. 6TH TERRACE	53 STREET ADDRESS	390 SE 6 Terr.
CITY ST ZIP	POMPANO BEACH FL	54 CITY-ST-ZIP	Pompano Beach, FL. 33060
TITLE	SD	61 TITLE	M ☑ Change ☐ Addition
NAME	JACKSON, ROBERT H.	62 NAME	Robert Jackson
STREET ADDRESS	5010 MADISON ST	63 STREET ADDRESS	5010 Madison St.
CITY-ST-ZIP	HOLLYWOOD FL	64 CITY-ST-ZIP	Hollywood, FL. 33021

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an asterisk.

SIGNATURE: Richard C. Bilello 4/11/95 (305)943-2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #