

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified

04/10/1980

3a. Date of Last Report

04/17/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JACKSON, MARGARET D.
5010 MADISON STREET
HOLLYWOOD FL 33021

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 617.0502 and 617.1508, 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 617.0503, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE

NAME JOHNSON, LOUIS
STREET ADDRESS 1600 DOVER ROAD, B215
CITY-ST-ZIP DELRAY BEACH FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DT ☐ DELETE

NAME BILELLO, LORI
STREET ADDRESS 390 SE 6 TERRACE
CITY-ST-ZIP POMPANO BEACH FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE CDS ☐ DELETE

NAME JACKSON, MARGE
STREET ADDRESS 5010 MADISON ST.
CITY-ST-ZIP HOLLYWOOD FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME JOHNSON, MARACARA
STREET ADDRESS 1600 DOVER ROAD, B215
CITY-ST-ZIP DELRAY BEACH FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DV ☐ DELETE

NAME BILELLO, RICHARD
STREET ADDRESS 390 SE 6 TERRACE
CITY-ST-ZIP POMPANO BEACH FL

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE M ☐ DELETE

NAME JACKSON, ROBERT
STREET ADDRESS 5010 MADISON STREET
CITY-ST-ZIP HOLLYWOOD FL

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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 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 address.

SIGNATURE: Marge Jackson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 20, 1996 (954)981-1485

Date

Daytime Phone #

CR2E037 (12/95)