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Apr 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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 33021-7126

3. Date Incorporated or Qualified: 04/10/1980
3a. Date of Last Report: 04/16/1996

2. Principal Place of Business	2a. Mailing Address
21 c/o Marge D. Jackson	26 Marge D. Jackson
Suite, Apt. #, etc. 22 5010 Madison Street	Suite, Apt. #, etc. 27 5010 Madison Street
City & State 23 Hollywood, FL. 33021	City & State 28 Hollywood, FL. 33021
Zip 24 33021 Country 25 USA	Zip 29 33021 Country 30 USA

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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: Marge D. Jackson 82 Street Address (P.O. Box Number is Not Acceptable): 5010 Madison Street 83 84 City: Hollywood FL 85 Zip Code: 33021

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: Marge D. Jackson 4/9/97
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	1.1 TITLE	DP	☒ Change ☐ Addition
NAME	JOHNSON, LOUIS		1.2 NAME	Richard Bilello	
STREET ADDRESS	1600 DOVER ROAD, B215		1.3 STREET ADDRESS	390 S.E. 6 Terrace	
CITY-ST-ZIP	DELRAY BEACH FL		1.4 CITY-ST-ZIP	Pompano Beach, FL. 33060	
TITLE	DT	☐ DELETE	2.1 TITLE	DT	☐ Change ☐ Addition
NAME	BILELLO, LORI		2.2 NAME	same	
STREET ADDRESS	390 SE 6 TERRACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		2.4 CITY-ST-ZIP		
TITLE	CDS	☐ DELETE	3.1 TITLE	DS	☒ Change ☐ Addition
NAME	JACKSON, MARGE		3.2 NAME	Maricava Johnson	
STREET ADDRESS	5010 MADISON ST.		3.3 STREET ADDRESS	c/o 5010 Madison Street	
CITY-ST-ZIP	HOLLYWOOD FL		3.4 CITY-ST-ZIP	Hollywood, Fl. 33021	
TITLE	D	☐ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	JOHNSON, MARICAVA		4.2 NAME	Carol Dickinson	
STREET ADDRESS	1600 DOVER ROAD, B215		4.3 STREET ADDRESS	2762 S. University Drive, #9	
CITY-ST-ZIP	DELRAY BEACH FL		4.4 CITY-ST-ZIP	Davie, FL. 33328	
TITLE	DV	☐ DELETE	5.1 TITLE	DV	☒ Change ☐ Addition
NAME	BILELLO, RICHARD		5.2 NAME	Frank Dickinson	
STREET ADDRESS	390 SE 6 TERRACE		5.3 STREET ADDRESS	2762 S. University Drive, #9	
CITY-ST-ZIP	POMPANO BEACH FL		5.4 CITY-ST-ZIP	Davie, FL. 33328	
TITLE	M	☐ DELETE	6.1 TITLE	Board Chairman - Marge D. Jackson	☒ Change ☐ Addition
NAME	JACKSON, ROBERT		6.2 NAME		
STREET ADDRESS	5010 MADISON STREET		6.3 STREET ADDRESS	5010 Madison Street, Hollywood, FL33021	
CITY-ST-ZIP	HOLLYWOOD FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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 D. Jackson SIGNATURE REQUIRED Marge D. Jackson 4/9/97 (954)981-1485
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ADDITION TO BLOCK 12

D
Robert Jackson
5010 Madison Street
Hollywood, FL. 33021