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03-12-1999 90015 027 ****61.25
03-12-1999 90015 028 *****8.75

0026264

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 751956

1. Corporation Name
CATS EXCLUSIVE, INC.

Principal Place of Business	Mailing Address
~~5010 MADISON ST~~ ~~5010 MADISON STREET~~ ~~HOLLYWOOD FL 33021~~ ~~US~~	~~5010 MADISON ST~~ ~~5010 MADISON STREET~~ ~~HOLLYWOOD FL 33021~~ ~~US~~

2. Principal Place of Business	2a. Mailing Address
21 6350 W. Atlantic Blvd.	26 6350 W. Atlantic Blvd.
Suite, Apt. #, etc. ~~6350 W. Atl. Blvd.~~	Suite, Apt. #, etc.
22 Margate, FL.	27
City & State	City & State
23 Margate, FL.	28 Margate, FL.
Zip / Country	Zip / Country
24 33063 / 25 Broward	29 33063 / 30 Broward

3. Date Incorporated or Qualifed: 04/10/1980

4. FEI Number: 59-2212954 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☑ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

JACKSON, MARGE 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 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 _____ 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	DP	☐ DELETE	1.1 TITLE	D/P	☒ Change ☐ Addition
NAME	BILELLO, RICHARD		1.2 NAME	Boyce, David	
STREET ADDRESS	390 SE 6TH TERRACE		1.3 STREET ADDRESS	10555 Wheelhouse Circle	
CITY-ST-ZIP	POMPANO BCH FL		1.4 CITY-ST-ZIP	Boca Raton, FL. 33428	
TITLE	DT	☐ DELETE	2.1 TITLE	D/T	☒ Change ☐ Addition
NAME	BILELLO, LORI		2.2 NAME	Bilello, Richard	
STREET ADDRESS	390 SE 6 TERRACE		2.3 STREET ADDRESS	390 S.E. 6th Terrace	
CITY-ST-ZIP	POMPANO BEACH FL		2. 4 CITY-ST-ZIP	Pompano Beach, FL. 33060	
TITLE	DS	☐ DELETE	3.1 TITLE	D/S	☒ Change ☐ Addition
NAME	JOHNSON, MARICAVA		3.2 NAME	Seidner, Ann	
STREET ADDRESS	5010 MADISON ST.		3.3 STREET ADDRESS	6350 W.Atlantic Blvd.	
CITY-ST-ZIP	HOLLYWOOD FL		3.4. CITY-ST-ZIP	Margate, FL. 33063	
TITLE	D	☐ DELETE	4.1 TITLE	D/Recorder	☒ Change ☐ Addition
NAME	DICKINSON, CAROL		4. 2 NAME	Karen Boyce	
STREET ADDRESS	2762 S UNIVERSITY DR #9		4.3 STREET ADDRESS	10555 Wheelhouse Cir.	
CITY-ST-ZIP	DAVIE FL		4.4 CITY-ST-ZIP	Boca Raton, FL. 33428	
TITLE	DV	☐ DELETE	5.1 TITLE	D/V	☒ Change ☐ Addition
NAME	DICKINSON, FRANK		5.2 NAME	Gianisis	
STREET ADDRESS	2762 S UNIVERSITY DR #9		5.3 STREET ADDRESS	7680 N.W. 79yh Av., P2	
CITY-ST-ZIP	DAVIE FL		5.4 CITY-ST-ZIP	Tamarac, FL. 33321	
TITLE	BC	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	JACKSON, MARGE D		6.2 NAME		
STREET ADDRESS	5010 MADISON STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 2/21/99 954-943-3551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #