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Apr 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000000096 (8)
1. Corporation Name
DOMESTI-CATS CAT CLUB, INC.



Principal Place of Business 8030 SUGAR PINE DR W MELBOURNE FL 32904	Mailing Address 8030 SUGAR PINE DR W MELBOURNE FL 32904-1964
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3. Date Incorporated or Qualified 01/07/1993	3a. Date of Last Report 06/24/1996
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number 59-3188515	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**GROSS, JEANNETTE E.
8030 SUGAR PINE DRIVE
W MELBOURNE FL 32904**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BELFATTO, DIANA C	
STREET ADDRESS	505 2ND AVE.	
CITY-ST-ZIP	MELBOURNE BCH FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	HORNUNG, GWEN	
STREET ADDRESS	2905 WEBER RD	
CITY-ST-ZIP	MALABAR BCH FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	GROSS, JEANNETTE E	
STREET ADDRESS	8030 SUGAR PINE DR	
CITY-ST-ZIP	W MELBOURNE FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	HAMPTON, MARGIE	
STREET ADDRESS	3920 PONDEROSA RD	
CITY-ST-ZIP	MALABAR FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DENISE RAUCH	
1.3 STREET ADDRESS	2526 3RD AVE. NE	
1.4 CITY-ST-ZIP	PALM BAY, FLORIDA	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	SECRETARY/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HAMPTON, MARGIE	
3.3 STREET ADDRESS	3920 PONDEROSA RD.	
3.4 CITY-ST-ZIP	MALABAR, FL	
4.1 TITLE	TREASURER, DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GROSS, JEANNETTE E.	
4.3 STREET ADDRESS	8030 SUGAR PINE DR.	
4.4 CITY-ST-ZIP	W. MELBOURNE FL	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Jeannette E. Gross **JEANNETTE E. GROSS** 4/21/97 407-476-3086
Date Daytime Phone # 0016860

CR2E037 (9/96)