

FILE NOW: FILING FEE IS \$61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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FILED
99 JUL 21 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000000419

1. Corporation Name
C.A.T.S., Inc.
(Caring About the Strays)

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| Principal Place of Business 3930 NW 64 Ave. Virginia Gardens, FL 33166 | Mailing Address P.O. Box 661160 Miami Springs, FL 33266 |
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|--------------------------------|-------------------------|--|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified 10/22/98 |
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. | 4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 22. City & State | 27. City & State | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 23. Zip | 28. Country | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 24. Zip | 25. Country | 29. Zip |
| 24. Zip | 25. Country | 30. Country |

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| 9. Name and Address of Current Registered Agent David Harris Singer Parkside Plaza 1330 S.W. 128 St. Miami, FL 33186 | 10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City B5 Zip Code |
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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: *David* DATE: **4/23/99**

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------------------|---|---|
| TITLE | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | President/D Carol Dodgen | 1.2 NAME | |
| STREET ADDRESS | 6400 NW 47th St. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | Virginia Gardens, FL 33166 | 1.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Vice President/D Laney Silver | 2.2 NAME | |
| STREET ADDRESS | 85 Lenape Alley | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | Miami Springs, FL 33166 | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Secretary Alice Sollanek | 3.2 NAME | |
| STREET ADDRESS | 441 South Dr. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | Miami Springs, FL 33166 | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Treasurer Anne De La Torre | 4.2 NAME | |
| STREET ADDRESS | 3930 NW 64 Ave. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | Virginia Gardens, FL 33166 | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Ellen Neugent, Director | 5.2 NAME | |
| STREET ADDRESS | 267 Condon Dr. | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | Miami Springs, FL 33166 | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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 empowers.

SIGNATURE: *Anne De La Torre* **Anne De La Torre** DATE: **4/21/99** PHONE: **(305) 885-9113**

CR2E037 (11/98)