FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500002054 (1)

FELINE,	INC.									
Principal Place of Business Mailing Address 2226 50TH AVE 2226 50TH AVE			".". 				i indiinati kes iniak alek edike ganu gan	1 MASTA MALTIE	HANK BALDI ALIILI	BIBI FØBL
2226 SOTH AVE VERO BEACH FL 32988		VERO BEACH FL 32966-2138								
							3. Date Incorporated or Qualified 01/06/1995		ate of Last Re 09/1996	eport
2. Principal Place of Business 21 Suite, Apt. #, etc.		28. Mailing Address					4. FEI Number 85-0549105		├	oplied For ot Applicable
		Suite, Apt. #, etc			1	5. Certificate of Status Desired Fee Requ			Additional	
22 C ty & Sta	le	City & State			, , , , , , , , , , , , , , , , , , ,	-+	6. Election Campaign Financing		\$5.00	
23		28					Trust Fund Contribution		Added t	to Fees
Ζη. 24	Country 25	Zip 29	30 Co	ountry	,		 This corporation has liability for Florida Statutes 		e tax under s. □ No	. 199.032,
	9. Name and Address of Curre	nt Registered Agent		1_		1	0. Name and Address of New H	gistered	Agent	
	ESSIO, PATRICK N			81	Name	100				
	S SOTH AVE	•		82	Street Ac	ddress	(P.O. Box Number is Not Accepta	ble)		
VER	O BEACH FL 32986		•	83				······································		
						·· .	···	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	·
				64	City		· · · · · ·	FL	85 Zip (Code
12,	The same of the sa	ID DIRECTORS	13	•	ani signature ter	edoned w	her reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS ANI	D DIRECTOR	
TITLE	PDT DELESSIO, PATRICK N	DELETE		TITLE NAME					Change	Addition
NAME STREET ADDRESS	2226 50TH AVE				ADDRESS					
CHY-SI-ZIP	VERO BEACH FL	,	- 1	CITY-S	1					
TIPLE	\$	DELETE		TITLE					Change	Addition
NAMÉ	DELESSIO, JOAN		2.2	NAME		•		1		
STREET ADDRESS	2226 50TH AVENUE VERO BEACH FL		1		AODRESS	13.			2	
City - St - ZIP TITLE	YENO DENOTIFE	DELETE		TITLE	ST-ZIP				Change	Addition
NAM:			3.2	NAME						
STREET ADDRESS			3.3	STREET	T ADDRESS					
City - S1 - 74P		- Deficie		CITY-	ST-ZIP				Channa	Addition
NAME		DELETE.		IIILE NAME					L. Change	Addition
STREET ADDRESS					T ADORESS					
CITY - ST - ZIP				CITY-S						
THILE		DELETE		TITLE					Change	Addition
NAME:				NAME			$\frac{1}{2} \left(\frac{1}{2} - \frac{1}{2} \right) = \frac{1}{2} \left(\frac{1}{2} + \frac{1}{2} + \frac{1}{2} \right) = \frac{1}{2} \left(\frac{1}{2} + \frac{1}{$		•	
STREET ADDRESS					ADDRESS					
CHY-SI-ZIF		DELETE		CITY - S	SI - ZIP		market	- 	Change	Addition
MAME		_ oracie		NAME			$(x_{i,j}, x_{i,j}) = (x_{i,j}, x_{i,j}, x_{i,j}) \in \mathcal{N}_{i+1}(\mathbb{R}^n)$			
STREET ADDRESS					T ADDRESS					

14. If 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or changed or on an attachment with an address.

SIGNATURE:

STATE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

1/27/97 941-936-866

FILED

May 08 1997 8:00am

Secretary of State