

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 702035 (7)

1. Corporation Name
MIAMI FLORIDA CAT FANCIERS INC



Principal Place of Business	Mailing Address
C/O BESSEMER, GLORIA T. 4235 S.W. 103RD AVENUE MIAMI FL 33316 US	C/O BESSEMER, GLORIA T. 4235 S.W. 103RD AVENUE MIAMI FL 33316 US

3. Date Incorporated or Qualified 02/20/1969	3a. Date of Last Report 11/30/1995
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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 type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
Country	29
	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BESSEMER, GLORIA T.
4235 SW 103 AVE.
MIAMI FL 33316**

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

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	VD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BESSEMER, GLORIA T.	12 NAME	
STREET ADDRESS	4235 S.W. 103RD AVENUE	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33165	14 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STICKNEY, TOM	22 NAME	
STREET ADDRESS	5920 SW 63 CT.	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SHORES FL 33143	24 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STICKNEY, MICHELLE	32 NAME	
STREET ADDRESS	5920 S.W. 63RD COURT	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33143	34 CITY-ST-ZIP	
TITLE	CS <input type="checkbox"/> DELETE	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHYLLIS, CANDY	42 NAME	
STREET ADDRESS	10034 SUNSET DR #82	43 STREET ADDRESS	Phyllis STARR 10834 Sunset Drive MIAMI, FL 33173
CITY-ST-ZIP	MIAMI FL 33173	44 CITY-ST-ZIP	33173
TITLE	PD <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IBBERSON, RAY	52 NAME	
STREET ADDRESS	441 MARMORE AVENUE	53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-96 **305-754-8646**

Date Daytime Phone #

CR2E037 (12/95)