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Feb 07 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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 33165-4949 US

3. Date incorporated or Qualified 02/20/1969	3a. Date of Last Report 02/19/1996
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
21 Suite, Apt. #, etc	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip Country	28 Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	BESSEMER, GLORIA T.	
STREET ADDRESS	4235 S.W. 103RD AVENUE	
CITY - ST - ZIP	MIAMI FL 33165	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	STICKNEY, TOM	
STREET ADDRESS	5920 SW 63 CT.	
CITY - ST - ZIP	MIAMI SHORES FL 33143	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	STICKNEY, MICHELLE	
STREET ADDRESS	5920 S.W. 63RD COURT	
CITY - ST - ZIP	MIAMI FL 33143	
TITLE	CS	<input type="checkbox"/> DELETE
NAME	STATZ, PHYLLIS	
STREET ADDRESS	10834 SUNSET DRIVE	
CITY - ST - ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	IBBERSON, RAY	
STREET ADDRESS	441 MARMORE AVENUE	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-97 305-666-6252  
Date Daytime Phone # 0031901

CR2E037 (9/96)