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Secretary of State

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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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DOCUMENT # 702035
 1. Corporation Name
MIAMI FLORIDA CAT FANCIERS INC

Principal Place of Business C/O BESSEMER, GLORIA T. 4235 S.W. 103RD AVENUE MIAMI FL 33316 US	Mailing Address C/O BESSEMER, GLORIA T. 4235 S.W. 103RD AVENUE MIAMI FL 33316 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/20/1969
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Country 29	Zip 30	

9. Name and Address of Current Registered Agent

BESSEMER, GLORIA T.
4235 SW 103 AVE.
MIAMI FL 33165

10. Name and Address of New Registered Agent

81 Name *Same*

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

12. OFFICERS AND DIRECTORS		
TITLE	VP	<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	JD	<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	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Bessemer, Gloria T	
1.3 STREET ADDRESS	4235 S.W. 103 Ave	
1.4 CITY-ST-ZIP	Miami FL 33165	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Same	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Michelle Stickney	
3.3 STREET ADDRESS	5920 SW 63 Court	
3.4 CITY-ST-ZIP	Miami FL 33143	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	Same	
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	Same	
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 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 empowered.

SIGNATURE: _____ SIGNATURE REQUIRED _____ DATE: 1/14/96 DAYTIME PHONE #: 305-670-6760

CR2E037 (1/198)