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May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 763288 (8)

1. Corporation Name
DAYTONA BEACH CAT FANCIERS, INC.



Principal Place of Business 929 PARKWOOD DR. ORMOND BCH. FL 32174 US	Mailing Address 929 PARKWOOD DR. ORMOND BCH. FL 32174 US
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3. Date Incorporated or Qualified 05/14/1982
4. FEI Number 59-2872304
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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

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

9. Name and Address of Current Registered Agent

**ANDERSON, GEORGE E
929 PARKWOOD DR.
ORMOND BCH. FL 32174**

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ANDERSON, GEORGE E	
STREET ADDRESS	929 PARKWOOD DR.	
CITY-ST-ZIP	ORMOND BCH. FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ANDERSON, PAMELA C	
STREET ADDRESS	929 PARKWOOD DRIVE	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	FOGARTY, CAROL	
STREET ADDRESS	1223 DAVID DRIVE	
CITY-ST-ZIP	HOLLY HILL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ESSICK, JEAN	
STREET ADDRESS	2604 STERN DRIVE EAST	
CITY-ST-ZIP	ATLANTIC BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WILSON, LINDA	
STREET ADDRESS	54 BIG BUCK TRAIL	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, JESSIE	
STREET ADDRESS	725 BOSTON AVE	
CITY-ST-ZIP	S. DAYTONA BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARY INSOGLIA	
1.3 STREET ADDRESS	5155 BULLIS RD.	
1.4 CITY-ST-ZIP	ST. CLOUD, FL. 32772	
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	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LILLIAN STICE	
3.3 STREET ADDRESS	16 OCEAN BREEZE CIRCLE	
3.4 CITY-ST-ZIP	ORMOND BEACH, FL. 32176	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	GEORGE E. ANDERSON	
5.3 STREET ADDRESS	929 PARKWOOD DR.	
5.4 CITY-ST-ZIP	ORMOND BEACH, FL. 32174	
6.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	BRUCE ESSICK	
6.3 STREET ADDRESS	2604 STERN DRIVE EAST	
6.4 CITY-ST-ZIP	ATLANTIC BEACH, FL. 32233	

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.

SIGNATURE: _____ DATE: 11-20-98 904-672-11214

CR2E037 (10/97)