

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

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95 APR 24 AM 9:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N40179 (6)**

1. Corporation Name  
**FIESTA CAT FANCIERS, INC.**

Principal Place of Business	Mailing Address
5307 18TH AVE DR W BRADENTON FL 34209 US	5307 18TH AVE DR W BRADENTON FL 34209 US

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>09/25/1990</b>	3a. Date of Last Report <b>04/26/1994</b>
4. FEI Number <b>59-3035879</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CEDAR, MARY A.  
3912 99TH ST WEST  
~~OTE-100~~  
BRADENTON FL 34210**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	SD
NAME	WENGEL, VIRGINIA	1.2 NAME	MARY CEDAR
STREET ADDRESS	3205 38TH AVE W	1.3 STREET ADDRESS	3912 99TH ST. WEST
CITY - ST - ZIP	BRADENTON FL	1.4 CITY - ST - ZIP	BRADENTON, FL 34210
TITLE	TD	2.1 TITLE	TD
NAME	MEINHARDT, ELAINE	2.2 NAME	BILL CEDAR
STREET ADDRESS	5307 18TH AVE DR W	2.3 STREET ADDRESS	3912 99TH ST. WEST
CITY - ST - ZIP	BRADENTON FL	2.4 CITY - ST - ZIP	BRADENTON, FL 34210
TITLE	D	3.1 TITLE	D
NAME	TOMOL, DEE	3.2 NAME	BETTY HADDIX
STREET ADDRESS	5620 PALM AVE DR	3.3 STREET ADDRESS	4505 100TH ST. WEST
CITY - ST - ZIP	SARASOTA FL	3.4 CITY - ST - ZIP	BRADENTON, FL 34210
TITLE	VD	4.1 TITLE	VD
NAME	GALUSZKA, MARLENE	4.2 NAME	LUCIA HELDRETH
STREET ADDRESS	3703 ROYAL PALM DRIVE	4.3 STREET ADDRESS	9604 CORTEZ RD W #317
CITY - ST - ZIP	BRADENTON FL	4.4 CITY - ST - ZIP	BRADENTON, FL 34210
TITLE	PD	5.1 TITLE	PD
NAME	CEDAR, MARY A	5.2 NAME	PATTI COLE
STREET ADDRESS	3912 99TH ST WEST	5.3 STREET ADDRESS	1103 DENARVAEZ AVE
CITY - ST - ZIP	BRADENTON FL	5.4 CITY - ST - ZIP	BRADENTON, FL 34209
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Elaine Meinhart Treas. 4/13/95 813-795-0012  
 SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR \_\_\_\_\_ DATE \_\_\_\_\_ FILING FEE \$ \_\_\_\_\_  
**ELAINE MEINHARDT**