

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 # **N40179** (6)

1. Corporation Name
FIESTA CAT FANCIERS, INC.



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

3. Date Incorporated or Qualified: **09/25/1990**
3a. Date of Last Report: **04/24/1995**

21	2. Principal Place of Business 3912 - 99th St West	26	2a. Mailing Address 3912 - 99th St West	4.	FEI Number 59-3035879	<input checked="" type="checkbox"/>	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State Bradenton, FL	28	City & State Bradenton, FL	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip 34210	29	Zip 34210	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No
	Country Manatee	30	Country Manatee	10. Name and Address of New Registered Agent			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CEDAR, MARY A. 3912 99TH ST WEST OTE-100 BRADENTON FL 34210				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: Mary A. Cedar Signature, typed or printed name of registered agent and title if applicable. Mary A. Cedar (NOTE: Registered Agent signature required when reinstating) DATE: 4/11/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CEDAR, MARY	1.2 NAME	
STREET ADDRESS	3912 99TH ST. WEST	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CEDAR, BILL	2.2 NAME	
STREET ADDRESS	3912 99TH ST. WEST	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HADDIX, BETTY	3.2 NAME	
STREET ADDRESS	4505 100TH ST. WEST	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELDRETH, LUCIA	4.2 NAME	
STREET ADDRESS	9604 CORTEZ RD W 317	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLE, PATTI	5.2 NAME	
STREET ADDRESS	1103 DENARVAEZ AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: Mary A. Cedar Signature and typed or printed name of signing officer or director. Mary A. Cedar Date: 4/11/96 Daytime Phone #: 941-794-2069

CR2E037 (12/95)