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May 08, 1999 8:00 am
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 # N40179
 1. Corporation Name
FIESTA CAT FANCIERS, INC.

Principal Place of Business 3912 99TH STREET WEST BRADENTON FL 34210 US	Mailing Address 3912 99TH STREET WEST BRADENTON FL 34210 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/25/1990
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3035879
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 Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent CEDAR, MARY A. 3912 99TH ST WEST 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 85 Zip Code
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CEDAR, MARY	1.2 NAME	PATTI COLE
STREET ADDRESS	3912 99TH ST. WEST	1.3 STREET ADDRESS	4406 100TH ST W
CITY-ST-ZIP	BRADENTON FL	1.4 CITY-ST-ZIP	Bradenton, FL 34210
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESTER, SANDRA	2.2 NAME	Lola Markell-Byrne
STREET ADDRESS	2132 HARVARD ST	2.3 STREET ADDRESS	5315 Moeller Ave
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	Sarasota, FL 34233
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLAUS, SUSAN	3.2 NAME	John Yancheck
STREET ADDRESS	3116 HENRIETTA PLACE	3.3 STREET ADDRESS	3918 Spyglass Hill Rd
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	Sarasota, FL 34238
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELDRETH, LUCIA	4.2 NAME	Heldreth, Bill
STREET ADDRESS	6608 67TH ST.E.	4.3 STREET ADDRESS	6608 - 67th StE
CITY-ST-ZIP	PALMETTO FL	4.4 CITY-ST-ZIP	PALMETTO, FL 34221
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLE, PATTI	5.2 NAME	CEDAR, MARY A.
STREET ADDRESS	4406 100TH ST. W.	5.3 STREET ADDRESS	3912 - 99th St W
CITY-ST-ZIP	BRADENTON FL	5.4 CITY-ST-ZIP	Bradenton, FL 34210
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Heldreth, Lucia
STREET ADDRESS		6.3 STREET ADDRESS	6608 - 67th StE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Palmetto, FL 34221

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: Mary A. Cole **REQUIRED** 5/3/99 941-794-2069
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)