


FILE NOW: FILING FEE IS \$61.25

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90016 021 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
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		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/25/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3035879	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
Country		Country		\$5.00 May Be Added to Fees	
25		30			

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/99 941 794-2069

Date

Daytime Phone #

CR2E037 (11/98)