FILE NOW: FILING FEE IS $61.25

FILED
Oct 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005163 (0)

1. Corporation Name

FELINE FRIENDS OF SOUTH FLORIDA, INC.

Principal Place of Business	*Mailing Address*
19560 CAROLINA CIRCLE BOCA RATON FL 33434	19560 CAROLINA CIRCLE BOCA RATON FL 33434

2. Principal Place of Business
21 9268 So 18th Rd
Suite, Apt. #, etc.
22
City & State
23 Boca Raton FL
Zip 24 33428 Country 25 USA

2a. Mailing Address
26 9268 So 18th Rd
Suite, Apt. #, etc.
27
City & State
28 Boca Raton FL
Zip 29 33428 Country 30 USA

3. Date Incorporated or Qualified
10/17/1994

4. FEI Number
65-0590142
[ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? [ ] Yes [X] No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [ ] Yes [X] No

9. Name and Address of Current Registered Agent

LYTER, ANDREA R
19560 CAROLINA CIRCLE
BOCA RATON FL 33434

10. Name and Address of New Registered Agent

81 Name: Marisa N. Blades
82 Street Address (P.O. Box Number is Not Acceptable): 9268 So 18th Rd
83
84 City: Boca Raton FL 85 Zip Code: 33428

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: Marisa A. Blades (Signature of New Registered Agent, if changed) (NOTE: Registered Agent signature required when name is being changed) DATE: 10/2/98

12. OFFICERS AND DIRECTORS

TITLE	P	[X] DELETE
NAME	LYTER, ANDREA	
STREET ADDRESS	19560 CAROLINA CIR.	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	D	[X] DELETE
NAME	TRAVER, BARBARA	
STREET ADDRESS	6498 NE 7TH AVE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	[X] DELETE
NAME	JUNE, THOMAS D	
STREET ADDRESS	6310 TIMBERLAKES WAY	
CITY-ST-ZIP	DELRAY BCH. FL 33484	
TITLE	D	[X] DELETE
NAME	POLICASTRIC, SHARON D	
STREET ADDRESS	10407 E. BREENWICH CT.	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	[ ] Change [X] Addition
1.2 NAME	Marisa A. Blades	
1.3 STREET ADDRESS	9268 So 18th Rd	
1.4 CITY-ST-ZIP	Boca Raton FL 33428	
2.1 TITLE	D	[ ] Change [X] Addition
2.2 NAME	Nicole Contino	
2.3 STREET ADDRESS	193 N.W. 45th Ave	
2.4 CITY-ST-ZIP	Deerfield Beach FL 33442	
3.1 TITLE	D	[ ] Change [X] Addition
3.2 NAME	Keith Blades	
3.3 STREET ADDRESS	9268 So 18th Rd	
3.4 CITY-ST-ZIP	Boca Raton FL 33428	
4.1 TITLE	D	[ ] Change [X] Addition
4.2 NAME	Jose Leme	
4.3 STREET ADDRESS	193 N.W. 45th Ave	
4.4 CITY-ST-ZIP	Deerfield Bch FL 33428	
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: Marisa Blades 10/2/98 561-477-9857