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FILED
Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000005580 (3)**

1. Corporation Name

INTERNATIONAL CAT EXHIBITORS INC.



Principal Place of Business P.O. BOX 772424 CORAL SPRINGS FL 33077-2424	Mailing Address P.O. BOX 772424 CORAL SPRINGS FL 33077-2424
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3. Date Incorporated or Qualified

10/28/1996

4. FEI Number

65-0721992

Applied For

Not Applicable

2. Principal Place of Business

21
Suite, Apt. #, etc.

22
City & State

23
Zip

Country

24

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

28
Zip

Country

29

30

6. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

8. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**O'NEAL, LYNDIA R
7420 LINCOLN STREET
HOLLYWOOD FL 33024-7110**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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]

(NOTE: Registered Agent signature required when reinstating)

3-19-98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	O'NEAL, LYNDIA R.	
STREET ADDRESS	7420 LINCOLN STREET	
CITY-ST-ZIP	HOLLYWOOD FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	GARAUTA, JANET	
STREET ADDRESS	4550 N.W. 85TH AVE.	
CITY-ST-ZIP	LAUDERHILL FL	

2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Janet GARAPUTA
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	FREEDMAN, ANITA	
STREET ADDRESS	7109 WOODMONT WAY	
CITY-ST-ZIP	TAMARAC FL	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	LONG, RICHARD	
STREET ADDRESS	4050 BISCAYNE COURT	
CITY-ST-ZIP	CASSELBERRY FL	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	FREEDMAN, JEAN	
STREET ADDRESS	7109 WOODMONT WAY	
CITY-ST-ZIP	TAMARAC FL	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	GARAPUTA, AL	
STREET ADDRESS	4550 N.W. 85TH AVE.	
CITY-ST-ZIP	LAUDERHILL FL	

6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	AL GARAPUTA
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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:

Anita Freedman Anita Freedman 3-18-98 954-780-8635

CR2E037 (10/97)