

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 05 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **F78400** (1)
1. Corporation Name
ORGANIZED JUNGLE, INC.

Principal Place of Business
2319 MCRAE AVE.
ORLANDO FL 32803

Mailing Address
2319 MCRAE AVE.
ORLANDO FL 32803



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--|--|--|--|---|---|
| 2. Principal Place of Business 21 823 N. PENNSYLVANIA AVE Suite, Apt. #, etc. 22 City & State 23 WINTER PARK, FL Zip 24 32789 Country 25 USA | | 2a. Mailing Address 26 P.O. Box 124 Suite, Apt. #, etc. 27 City & State 28 WINTER PARK, FL Zip 29 32790 Country 30 USA | | 3. Date Incorporated or Qualified 04/30/1982 | 4. FEI Number 59-2182467 Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | |

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|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent DAVIDSON, SUE ELLEN 1619 QUEENSWAY ROAD ORLANDO FL 32808 | | | | 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 | |
|--|--|--|--|--|--|

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Sue Ellen Davidson SUE ELLEN DAVIDSON 4/22/98
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating) DATE

| | | | | | | | |
|----------------------------|------------------------------|------|-----------------|---|--|-----------------|--|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | PD | NAME | DAVIDSON, SUE | 1.1 TITLE | | 1.2 NAME | |
| STREET ADDRESS | 1619 QUEENSWAY ROAD | | | 1.3 STREET ADDRESS | | 1.4 CITY-ST-ZIP | |
| CITY-ST-ZIP | ORLANDO FL | | | 2.1 TITLE | | 2.2 NAME | |
| TITLE | V | NAME | DAVIDSON, SUSAN | 2.3 STREET ADDRESS | | 2.4 CITY-ST-ZIP | |
| STREET ADDRESS | 555 GRAN PASEO DR | | | 3.1 TITLE | | 3.2 NAME | |
| CITY-ST-ZIP | ORLANDO FL | | | 3.3 STREET ADDRESS | | 3.4 CITY-ST-ZIP | |
| TITLE | ST | NAME | TANNER, MAURA | 4.1 TITLE | | 4.2 NAME | |
| STREET ADDRESS | 64 KANTAGREE TRAIL | | | 4.3 STREET ADDRESS | | 4.4 CITY-ST-ZIP | |
| CITY-ST-ZIP | OSTEEN F | | | 5.1 TITLE | | 5.2 NAME | |
| TITLE | | NAME | | 5.3 STREET ADDRESS | | 5.4 CITY-ST-ZIP | |
| STREET ADDRESS | | | | 6.1 TITLE | | 6.2 NAME | |
| CITY-ST-ZIP | | | | 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sue Ellen Davidson SUE ELLEN DAVIDSON 4/22/98 (407) 599-9880

CR2E034 (10/97)