

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1998. AMOUNT DUE ON OR BEFORE 8/9/98: \$183 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$300)**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 AUG -9 AM 11:45

<b>NONPROFIT CORPORATION ANNUAL REPORT 1995</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Sandra S. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N37564 (4)**

1. Corporation Name  
**DUMOND CONSERVANCY FOR PRIMATES AND TROPICAL FOR ESTS, INC.**

Principal Place of Business <b>C/O MONKEY JUNGLE P O BOX 246 MIAMI FL 33170</b>	Mailing Address <b>C/O MONKEY JUNGLE P O BOX 246 MIAMI FL 33170</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>04/10/1990</b>	3a. Date of Last Report <b>02/04/1994</b>
4. FEI Number <b>65-0201636</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>FILING FEE IS \$61.25</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent

**DUMOND, FRANK V., JR.  
14805 SW 216 ST  
MIAMI FL 33170**

10. Name and Address of New Registered Agent

<b>B1</b> Name
<b>B2</b> Street Address (P.O. Box Number is Not Acceptable)
<b>B3</b>
<b>B4</b> City
<b>B5</b> 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 \_\_\_\_\_ 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 <b>D</b>	<b>BLAIRE, BONNIE</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>2801 PNCE DE LEON BV 500</b>	1.2 NAME	
STREET ADDRESS	<b>CORAL GABLES FL</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE <b>D</b>	<b>CANDLAND, DOUGLAS K.</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>125 STEIN LN</b>	2.2 NAME	<b>delete</b>
STREET ADDRESS	<b>LEWISBURG PA</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE <b>PD</b>	<b>DUMOND, FRANK V., JR.</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>21200 SW 147 AVE</b>	3.2 NAME	<b>14805 SW 216 ST</b>
STREET ADDRESS	<b>MIAMI FL</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE <b>STD</b>	<b>DUMOND, SHARON</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>9600 SW 159 ST</b>	4.2 NAME	
STREET ADDRESS	<b>MIAMI FL</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <b>D</b>	<b>GREEN, STEVEN, M</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>25920 SW 193 AVE</b>	5.2 NAME	
STREET ADDRESS	<b>HOMESTEAD FL</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sharon M. Du Mond Sharon M. Du Mond 6/20/95 235 16 11  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/95)