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Mar 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N37564 (4)

1. Corporation Name

DUMOND CONSERVANCY FOR PRIMATES AND TROPICAL FOR ESTS, INC.



Principal Place of Business

Mailing Address

C/O MONKEY JUNGLE  
P O BOX 246  
MIAMI FL 33170

C/O MONKEY JUNGLE  
P O BOX 246  
MIAMI FL 33170

3. Date Incorporated or Qualified  
04/10/1990

3a. Date of Last Report  
05/21/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number  
65-0201636

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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, 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 D  DELETE  
NAME BLAIRE, BONNIE  
STREET ADDRESS 2801 PNCE DE LEON BV 500  
CITY-ST-ZIP CORAL GABLES FL

1.1 TITLE D DIRECTOR  Change  Addition  
1.2 NAME FRANK LOCKWOOD  
1.3 STREET ADDRESS 505 EAST SIXTH AVENUE  
1.4 CITY-ST-ZIP TALLAHASSEE, FLORIDA 32303-6303

TITLE PD  DELETE  
NAME DUMOND, FRANK V., JR.  
STREET ADDRESS 14805 SW 216 ST  
CITY-ST-ZIP MIAMI FL

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE STD  DELETE  
NAME DUMOND, SHARON  
STREET ADDRESS 9600 SW 159 ST  
CITY-ST-ZIP MIAMI FL

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME GREEN, STEVEN, M  
STREET ADDRESS 25920 SW 193 AVE  
CITY-ST-ZIP HOMESTEAD FL

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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:

*Sharon M. Dumond* Sharon M. Du Mond 2/24/97 (305) 238-9981

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Division Proc #

OSTRAE 4

CR2E037 (9/96)