

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90078 008 ****61.25

0085162

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N37564

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

04/10/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

65-0201636

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

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

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DELETE
NAME PD
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 DELETE
NAME STD
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 DELETE
NAME D
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 D
LOCKWOOD, FRANK
STREET ADDRESS 505 EAST SIXTH AVENUE
CITY-ST-ZIP TALLAHASSEE FL

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 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, with all other like empowered.

SIGNATURE:

Frank V. Dumond
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

24th Feb 99 (305) 235-1611

Date

Daytime Phone #

CR2E037 (1/198)