

FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 26 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 # N97000002236 (4)
1. Corporation Name
WILD ONES-ANIMAL ENCOUNTERS, INC.



Principal Place of Business 13095 N E 165 STREET FT MCCOY FL 32134	Mailing Address 13095 N E 165 STREET FT MCCOY FL 32134
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3. Date Incorporated or Qualified
04/17/1997

4. FEI Number
69-3494740 Applied For
Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 28
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State 27	27 City & State
23 Zip 28	28 Zip
Country 25	Country 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. 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
**BREEDING, WALTER
13095 N E 165 STREET
FT MCCOY FL 32134**

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	KERSCHNER, GABE
STREET ADDRESS	P O BOX 191 N/A
CITY-ST-ZIP	WEIMAR CA 95789
TITLE	D <input type="checkbox"/> DELETE
NAME	KEITH, KEVIN
STREET ADDRESS	21 ALTA LOMA DR
CITY-ST-ZIP	AMERICAN CANYON CA 94589
TITLE	D <input type="checkbox"/> DELETE
NAME	KELLY, TRACY
STREET ADDRESS	4935 CHIMINEAS
CITY-ST-ZIP	TARZANA YON CA 91356
TITLE	D/V.P <input type="checkbox"/> DELETE
NAME	BARKER, DARREN
STREET ADDRESS	425 W CARLISLE RD
CITY-ST-ZIP	THOUSAND OAKS CA 91380-0
TITLE	D/P/T <input type="checkbox"/> DELETE
NAME	BREEDING, WALTER
STREET ADDRESS	13095 NE 165 STREET
CITY-ST-ZIP	FT MCCOY FL 32134
TITLE	S <input type="checkbox"/> DELETE
NAME	DE BORAH B REEDING
STREET ADDRESS	13095 NE 165 STREET
CITY-ST-ZIP	FT. MCCOY, FL 32134

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE *Walter D. Breeding* DATE *3/19/98* *352764-5219*

CFR2037 (10/97)