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**FILED**  
**Apr 15, 1999 8:00 am**  
**Secretary of State**

04-15-1999 90093 033 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N97000002236**

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



2. Principal Place of Business 21 3076 BRANTLEY BLVD. Suite, Apt. #, etc.	2a. Mailing Address 26 3076 BRANTLEY BLVD Suite, Apt. #, etc.	3. Date Incorporated or Qualified 04/17/1997
22	27	4. FEI Number 59-3494740 Applied For Not Applicable
23 City & State NAPLES FL	28 City & State NAPLES FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip 34117	25 Country USA	29 Zip 34117
30 Country USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

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 WALTER BREEDING  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 3076 BRANTLEY BLVD  
 83  
 84 City NAPLES FL 85 Zip Code 34117

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

*Walter Breeding* PRESIDENT

DATE

4/5/99

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 NAME STREET ADDRESS CITY-ST-ZIP	D KERSCHNER, GABE P O BOX 191 N/A WEIMAR CA 95789 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEITH, KEVIN 21 ALTA LOMA DR AMERICAN CANYON CA 94589 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D Heather Gunn 1541 Oliver Ave. Apt. H San Diego, CA 92109 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, TRACY 4935 CHIMINEAS TARZANA YON CA 91356 <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D JOHNSON, DANIEL 16280 ARBOR RIDGE DR FT. MYERS, FL 33908 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BARKER, DARREN 425 W CARLISLE RD THOUSAND OAKS CA 91360-0 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	DVP BARKER, DARREN 1110 H <sup>W</sup> ST GREELEY, CO 80631 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT BREEDING, WALTER 13095 NE 165 STREET FT MCCOY FL 32134 <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D P BREEDING, WALTER 3076 BRANTLEY BLVD NAPLES FL 34117 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BREEDING, DEBORAH 1309 S NE 165TH ST FT MCCOY FL 32134 <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	S BREEDING, DEBORAH 3076 BRANTLEY BLVD NAPLES FL 34117 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Walter Breeding* WALTER BREEDING

Date

4/5/99

Daytime Phone #

941/490-0869

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)