

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90137 043 \*\*\*150.00

DOCUMENT # K86321

1. Corporation Name  
THE MENAGERIE, INC.

Principal Place of Business

3090 DAME ROAD  
FORT PIERCE FL 34984  
US

Mailing Address

PO BOX 12628  
STORE 8  
FORT PIERCE FL 34981  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/08/1989

4. FEI Number

65-0133654

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 owes the current year Intangible  
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

STOCKINGER, OLGA P.  
3604 COTTONWOOD DR.  
FT. PIERCE FL 34981-2203

10. Name and Address of New Registered Agent

81 Name SHARON FARRIS  
82 Street Address (P.O. Box Number is Not Acceptable)  
3090 DAME RD  
83  
84 City FT PIERCE FL 85 Zip Code 34981

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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

TITLE	DPS	<input checked="" type="checkbox"/> DELETE
NAME	STOCKINGER, OLGA P.	
STREET ADDRESS	3604 COTTONWOOD DR	
CITY-STATE-ZIP	FT PIERCE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	FARRIS, FRANK C., JR.	
STREET ADDRESS	3090 DAME ROAD	
CITY-STATE-ZIP	FT PIERCE FL 34981	
TITLE	T	<input type="checkbox"/> DELETE
NAME	FARRIS, SHARON	
STREET ADDRESS	3090 DAME ROAD	
CITY-STATE-ZIP	FT PIERCE FL 34981	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GLORIA L. WILLIAMS	
1.3 STREET ADDRESS	3604 COTTONWOOD DR	
1.4 CITY-STATE-ZIP	FT PIERCE FL 34981	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with a different like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)