

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandria B. Metham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **308561 (0)**

1. Corporation Name  
**LION COUNTRY SAFARI, INC.-FLORIDA**



Principal Place of Business: **2312 LION COUNTRY BLVD. LOXAHATCHEE FL 33416 US**  
Mailing Address: **C/O ROBERT HOLCOMB LION COUNTRY SAFARI WEST PALM BEACH FL 33416 US**

3. Date Incorporated or Qualified: **08/29/1966** 3a. Date of Last Report: **02/24/1995**  
4. FLI Number: **59-1168011** 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

2. Principal Place of Business: 21  
22. Subj. Apt. #, etc.:  
23. City & State:  
24. Zip: 25. Country:  
2a. Mailing Address: 26. **c/o Harold Kramer**  
27. Subj. Apt. #, etc.:  
28. City & State:  
29. Zip: 30. Country:

9. Name and Address of Current Registered Agent

~~ROBERT HOLCOMB~~  
**ROBERT HOLCOMB**  
**2312 LION COUNTRY BLVD, LOXAHATCHEE, FL**  
**W. PALM BEACH FL 33470**

10. Name and Address of New Registered Agent  
81. Name: **Harold Kramer**  
82. Street Address (P.O. Box Numbers Not Acceptable):  
83.  
84. City: **FL** 85. Zip Code:

11. Pursuant to the provisions of Sections 607.09(1) and 607.15(8), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby, accept the appointment as registered agent, I am hereby accepting the obligation of Section 607.09(1), Florida Statutes.

SIGNATURE: *[Signature]* **Harold Kramer** April 5, 1996

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STB FRANKS, STANLEY</b>	1.3 NAME	
STREET ADDRESS	<b>2312 LION COUNTRY BLVD</b>	1.4 STREET ADDRESS	
CITY-STATE-ZIP	<b>LOXAHATCHEE FL</b>	1.5 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PD UNTERHALTER, LEON</b>	2.1 NAME	
STREET ADDRESS	<b>2312 LION COUNTRY BLVD</b>	2.2 STREET ADDRESS	
CITY-STATE-ZIP	<b>LOXAHATCHEE FL</b>	2.3 CITY-STATE-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	3. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>ROBERT HOLCOMB</del> <b>VS HOLCOMB, ROBERT A.</b>	3.1 NAME	
STREET ADDRESS	<b>2312 LION CTRY BLVD</b>	3.2 STREET ADDRESS	<b>VS Kramer, Harold</b>
CITY-STATE-ZIP	<b>LOXAHATCHEE FL</b>	3.3 CITY-STATE-ZIP	<b>2312 Lion Country Blvd.</b>
TITLE	<input type="checkbox"/> DELETE	3.4 CITY-STATE-ZIP	<b>Loxahatchee, Florida 33470</b>
NAME		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.1 NAME	
CITY-STATE-ZIP		4.2 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	4.3 CITY-STATE-ZIP	
NAME		4.4 CITY-STATE-ZIP	
STREET ADDRESS		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP		5.2 NAME	
TITLE	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
NAME		5.4 CITY-STATE-ZIP	
STREET ADDRESS		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP		6.2 NAME	
TITLE	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
NAME		6.4 CITY-STATE-ZIP	
STREET ADDRESS			
CITY-STATE-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption provided in Section 119.07(3)(k), 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 listed, or on an attachment with a checkmark.

SIGNATURE: *[Signature]* **Harold Kramer** April 5, 1996 (407) 793-1084

CR2E034 (12/95)