

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00CORPORATION
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONSFILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:00

DOCUMENT # 338927

(7)

1. Corporation Name

LION COUNTRY SAFARI, INC. - CALIFORNIA

Principal Place of Business

Mailing Address

C/O ALVIN CASSEL
175 N.W. FIRST AVENUE, SUITE #2000
MIAMI FL 33128C/O ALVIN CASSEL
175 N.W. FIRST AVENUE, SUITE #2000
MIAMI FL 33128

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/16/1968

3a. Date of Last Report

02/07/1994

4. FBI Number

59-1235131

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes☐ Yes☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CASSEL, ALVIN

175 N.W. FIRST AVENUE, SUITE #2000

MIAMI FL 33128

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 607.0502 and 607.1509, 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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME SHUSTER, HARRY
STREET ADDRESS 8800 IRVINE CENTER DR.
CITY - ST - ZIP LAGUNA HILLS CA

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ AdditionTITLE ST
NAME CASSEL, ALVIN
STREET ADDRESS 175 N.W. 1ST AVE. #2000
CITY - ST - ZIP MIAMI FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ AdditionTITLE D
NAME CASSEL, ALVIN
STREET ADDRESS 175 N.W. 1ST AVE. #2000
CITY - ST - ZIP MIAMI FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information presented in this 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 it.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.9.95 714 837.1200