

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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 12 1996 8:00 am
Secretary of State

DOCUMENT # 338927 (7)

1. Corporation Name
LION COUNTRY SAFARI, INC. -CALIFORNIA

Principal Place of Business:

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

Mailing Address:

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



2. Principal Place of Business:

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address:

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified
12/16/1968

3a. Date of Last Report
02/22/1995

4. FEI Number
59-1235131

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

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 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. Thereby 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, if applicable

Signature of Agent, if agent is required when filing change

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	[] DELETE
NAME	SHUSTER, HARRY	
STREET ADDRESS	8800 IRVINE CENTER DR.	
CITY-STATE-ZIP	LAGUNA HILLS CA	
TITLE	ST	[] DELETE
NAME	CASSEL, ALVIN	
STREET ADDRESS	175 N.W. 1ST AVE. #2000	
CITY-STATE-ZIP	MIAMI FL	
TITLE	D	[] DELETE
NAME	CASSEL, ALVIN	
STREET ADDRESS	175 N.W. 1ST AVE. #2000	
CITY-STATE-ZIP	MIAMI FL	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	[] Change [] Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	[] Change [] Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	[] Change [] Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	[] Change [] Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	[] Change [] Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	[] Change [] Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 stated 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 checked, or on an attachment with an address.

SIGNATURE:

Handwritten signature

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Day(s) - Month - Year

CR2E034 (12/95)