

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

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # F85859 (9)		
1. Corporation Name CARIBBEAN CRITTERS, INC.		

Principal Place of Business 291 COUNTRY CLUB DRIVE TEQUESTA FL 33469 US	Mailing Address P.O. BOX 3011 PALM BEACH GARDENS, FL US
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2. Principal Place of Business 21 SAME Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. Box 3011 Suite, Apt. #, etc.
22 City & State 23 TEQUESTA, FL	27 City & State 28 TEQUESTA, FL
24 Zip 25 33469	29 Zip 30 Palm Beach

9. Name and Address of Current Registered Agent MCKEY, SANDRA 291 COUNTRY CLUB DRIVE TEQUESTA FL 33469	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	84 City
85	86 Zip Code

3. Date Incorporated or Qualified 06/16/1982	3a. Date of Last Report 06/30/1998 4/1/97
4. FEI Number 50-2196880	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	

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 _____ (NOTE: Registered Agent Signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ADP ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MCKEY, SANDRA	1.2 NAME	
STREET ADDRESS	291 COUNTRY CLUB DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA FL 33469	1.4 CITY-ST-ZIP	
TITLE	DV ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MCKEY, BEN	2.2 NAME	
STREET ADDRESS	291 COUNTRY CLUB DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA FL 33469	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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4. I do 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.