

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F93000005199 (5)
1. Corporation Name
WILD THINGS, INC.

Principal Place of Business
320 S.E. 9TH STREET
GAINESVILLE FL 32601

Mailing Address
320 S.E. 9TH STREET
GAINESVILLE FL 32601



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/16/1993	3a. Date of Last Report 12/03/1996
4. FEI Number 13-3626250	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
ALCORN, PETER
320 S.E. 9TH STREET
GAINESVILLE FL 32601

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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. 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALCORN, PETER	1.2 NAME	
STREET ADDRESS	320 S.E. 9TH STREET	1.3 STREET ADDRESS	400002245954--5
CITY-ST-ZIP	GAINESVILLE FL 32601	1.4 CITY-ST-ZIP	-07/23/97--01138--007
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	****165.00 ****165.00
NAME	POLSHEK, PETER M	2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1715 NW 8TH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32603	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORTON, FRED	3.2 NAME	
STREET ADDRESS	885 SOUTH FIGUEROA	3.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, JOHN G	4.2 NAME	
STREET ADDRESS	C/O WILDLIFE CONSERV. SOC., NY ZOO SOCIETY	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRONX NY 10460	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	USSACH, IVAN	5.2 NAME	
STREET ADDRESS	EARTHLANDS INST., 39 GLASHEEN	5.3 STREET ADDRESS	
CITY-ST-ZIP	PETERSHAM MA 01388	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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, changed, or by an attachment with an address.

SIGNATURE: [Signature] Date: 11/16/93

APPROVED
AND
FILED

97 JUL 18 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E034 (4/97)