| FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 | | | | | | FILED | | | |
|---|---|---------------------------|---|----------------------|------------------------------|-----------------------------------|--|--|------------------------------|
| COF | PROFIT RPORATION | | Ą | PARTMEN | IT OF STATE | | Mar 30 1 | 9988 | :00an |
| ANNUAL REPORT 1998 | | | Secretary of State Division OF CORPORATIONS | | Secretary of State | | | | |
| DOCUMENT # J29549 | | | (9) | | | | | | |
| | HOLDINGS, IN | IC. | | | | | | | |
| | | | | | | | | | |
| Principal Plac | e of Business | | Mailing Address | | | | | | |
| | | | | SAFARI R | SU. | | | | |
| | | | | ON COUNTRY SAFARI RD | | | DO NOT WRITE | IN THIS SPACE | |
| LOXAHATCHEE FL 33470 US | | | LOXAHATCHEE FL 33470 US | | | 3. Date Incorporated or Qualified | IN THIS STACE | | |
| | | | | | | | 08/18/1986 | | |
| <u> </u> | lace of Business | | 2a. Mailing Address | | | | 4. FEI Number | | Applied For |
| 21/2003 | Lion Count | i Road | 26 2003 Lio | | | | 52-1492315 | - \$8.7 | Not Applicable 5 Additional |
| 22 | | | 27] | Sarar | ri Road | 1 | 5. Certificate of Status Desired | 107) | Required |
| City & State | | | City & State | | | | 6. Election Campaign Financing | | 00 May Be |
| Z LDXan | atchee, Fl | nirv | 28 Loxahatc Zφ | hee, | FL Country | | Trust Fund Contribution 8. This corporation owes or has pa | | led to Fees |
| 24 3347 | | បទ | 29 33470 | 30 | US | | Personal Property Tax due June | | □ No |
| | 9, Name and Add | dress of Current R | egistered Agent | | nel si | | 10. Name and Address of New Re | gistered Agent | |
| Unter | halter, Le | ion | | | 81 Name | | mer_Harold | | |
| 2312 Lion Country Blvd Loxahatchee, FL 33470 | | | | | 82 Stree | | mer Harold ss (P.O. Box Number is Not Acceptat | | |
| Loxaha | atchee, FI | 33470 | | | 83 | | 3 Lion Country Sa | ararı Ro | |
| | | | | | 84 City | | | —. 85 | Zip Code |
| 44 Division | to the exercisions of C | - olymp 607 0562 - | -d 607 (100 Finish 6 | | | Lox | ahatchee | | 33470 |
| office or r | egistered agent, or b | oth in the State of I | lorida Such change v | vas authori | ized by the co | rporatio | oration submits this statement for the pon's board of directors. I hereby acceptable | ourpose of changing of the appointmen | t as registered |
| SIGNATURE | m tamiliar with, and a | | ns or, section 607.050 | s, Fiorida S | statutes. | | | 3-11-9 | 18 |
| | Signature, typed or printed | | d inte it applicable | | lored Agent signatu | ле гедине | | DATE | |
| 12. TITLE | TD | OFFICERS AND O | INCOTORS DELETE | | 3. 1 TITLE | T mp | ADDITIONS/CHANGES TO OFFIC | ERS AND DIRECT | |
| NAME | FRANKS, STAN | LEY | | | 2 NAME | TD | anks, Stanley | | .ga |
| STREET ADDRESS | | JNTRY SAFARI RI | D | 1. | 3 STREET ADDRESS | | 03 Lion Country S | Safari Re | đ. |
| CITY-ST-ZIP | LOXAHATCHEE | FL | | | 4 CITY - ST - ZIP | | xahatchee, FL 334 | 17.0 | |
| TITLE NAME | PD Unterhalter. | LEON | DELETE | | 1 TITLE | | | ∐ Char | nge L Addition |
| STREET ADORESS | # · · · · · · · · · · · · · · · · · · · | , Leun Jntry Safari Ri | n | | .2 Name .3 Street address | . ` | | | |
| CITY-ST-ZIP | LOXAHATCHEE | | | | . 4 City-St-Zip | | | | |
| TITLE | *SV | | ☐ DÉLETE | 3. | 1 TITLE | sv | | Char | nge Addition |
| NAME | KRAMER, HARO | | _ | | 2 NAME | | amer, Harold | | _ |
| STREET ADDRESS | | JNTRY SAFARI RI | D | | 3 STREET ADDRESS | | 03 Lion Country 8 | | d. |
| CITY-ST-ZIP TITLE | LOXAHATCHEE V | 11. | DELETE | | 4. CITY-ST-ZIP 1 TITLE | 140 | xahatchee, FL 334 | L / U ☐ Char | nge Addition |
| NAME | UNTERHALTER, | MARC K | | | 2 NAME | | | _ | |
| STREET ADDRESS | | JNTRY SAFARI RI | D | 4. | 3 STREET ADDRESS | ; | | | |
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| TITLE NAME | | | | | .1 TITLE .2 NAME | | | பன் | ião 🗀 Manitip() |
| STREET ADDRESS | | | | | .3 STREET ADDRESS | ; | | | |
| CITY-ST-ZIP | | | | 5. | 4 CITY-ST-ZIP | 1 | | | |
| TITLE | | | ☐ DELETE | 6. | 1 TITLE | 1 | | Char | nge 🔲 Addition |

CITY-ST-ZIP

4. I 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 chapter. Florida Statutes:

SIGNATURE:

NAME

STREET ADDRESS

6.2 NAME

6.3 STREET ADDRESS