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Apr 18 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # J94179 (5)  
1. Corporation Name  
EXOTIC ACRES, INC.



Principal Place of Business  
4951 SW 36 STR SW 34 PL.  
FT LAUDERDALE FL 33314  
US

Mailing Address  
4951 SW 36 STR 4951 SW 34 PL  
FT LAUDERDALE FL 33314-2101  
US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 SAME		26 SAME		09/28/1987		05/01/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 City & State		65-0003987		Not Applicable	
24 Zip		29 Zip		5. Certificate of Status Desired		8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing		5.00 May Be Added to Fees	
25		30		Trust Fund Contribution		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
				<input type="checkbox"/>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

HARRINGTON, WILLIAM J.  
4951 SW 36 STR  
FT LAUDERDALE FL 33314

10. Name and Address of New Registered Agent

81 Name  
ALAN P. ARNETT  
82 Street Address (P.O. Box Number is Not Applicable)  
4951 S.W. 34th PLACE  
83  
84 City  
FORT LAUDERDALE, FL FL 85 Zip Code  
33314

11. Pursuant to the provisions of Sections 607.02 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 607.05, Florida Statutes.

SIGNATURE *[Signature]* DATE 3/22/87  
Signature of agent or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-appointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	ARNETT, ALAN P.	1.2 NAME	
STREET ADDRESS	P.O. BOX 1087 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	MOORE HAVEN FL 33471	1.4 CITY-ST-ZIP	
TITLE	DVT	2.1 TITLE	
NAME	RISMILLER, WAYNE F.	2.2 NAME	
STREET ADDRESS	1613 S.E. 19TH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	DS
NAME	HARRINGTON, WILLIAM	3.2 NAME	HARRINGTON, MARIE
STREET ADDRESS	4951 S.W. 36TH STREET	3.3 STREET ADDRESS	1719 SE 11th ST.
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 if changed, or on an attachment with an address.

SIGNATURE *[Signature]* DATE 3/22/87

CR2E034 (9/96)