

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

**FILED**

**Feb 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 # J94558 (0)**

**1. Corporation Name  
ALL THE BUNNIES, INCORPORATED**



**Principal Place of Business Mailing Address  
1800 SECOND ST. STE 870 1800 SECOND ST. STE 870  
SARASOTA FL 34236-5964 SARASOTA FL 34236-5964**

**3. Date Incorporated or Qualified 09/29/1987 3a. Date of Last Report 04/25/1996**  
**4. FEI Number 65-0247370 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**

**2. Principal Place of Business 2a. Mailing Address**  
**21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.**  
**22 City & State 27 City & State**  
**23 Zip Country 28 Zip Country**  
**24 25 29 30**

**9. Name and Address of Current Registered Agent**  
**WIESNER, IRA STEWART  
1800 SECOND ST  
SUITE 870  
SARASOTA FL 34236**

**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. 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**

<b>TITLE</b>	<b>PST</b>	<input type="checkbox"/> DELETE
<b>NAME</b>	<b>WIESNER, IRA S.</b>	
<b>STREET ADDRESS</b>	<b>1800 SECOND ST, STE. 870</b>	
<b>CITY-ST-ZIP</b>	<b>SARASOTA FL</b>	
<b>TITLE</b>	<b>DS</b>	<input type="checkbox"/> DELETE
<b>NAME</b>	<b>WIESNER, DONNA T.</b>	
<b>STREET ADDRESS</b>	<b>1800 SECOND ST, STE. 870</b>	
<b>CITY-ST-ZIP</b>	<b>SARASOTA FL</b>	
<b>TITLE</b>		<input type="checkbox"/> DELETE
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> DELETE
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> DELETE
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2 NAME</b>	
<b>1.3 STREET ADDRESS</b>	
<b>1.4 CITY-ST-ZIP</b>	
<b>2.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2 NAME</b>	
<b>2.3 STREET ADDRESS</b>	
<b>2.4 CITY-ST-ZIP</b>	
<b>3.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2 NAME</b>	
<b>3.3 STREET ADDRESS</b>	
<b>3.4 CITY-ST-ZIP</b>	
<b>4.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2 NAME</b>	
<b>4.3 STREET ADDRESS</b>	
<b>4.4 CITY-ST-ZIP</b>	
<b>5.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2 NAME</b>	
<b>5.3 STREET ADDRESS</b>	
<b>5.4 CITY-ST-ZIP</b>	
<b>6.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2 NAME</b>	
<b>6.3 STREET ADDRESS</b>	
<b>6.4 CITY-ST-ZIP</b>	

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**2/4/97**

**9413659900**

CR2E034 (9/96)