


FILED  
Aug 09, 1999 8:00 am  
Secretary of State

08-09-1999 90004 030 \*\*\*550.00

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

|  |                                 |   |  |   |  |
|--|---------------------------------|---|--|---|--|
| <b>PROFIT CORPORATION ANNUAL REPORT 1999</b>   |                                 |  |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
| <b>DOCUMENT # K28515</b><br>1. Corporation Name<br><b>VOREN'S AVIARIES, INC.</b>   |                                 |   |  |   |  |
| Principal Place of Business<br><b>% HOWARD VOREN</b><br><b>1538 "E" RD</b><br><b>LOXAHATCHEE FL 33470</b>  |                                 |   | Mailing Address<br><b>% HOWARD VOREN</b><br><b>1538 "E" RD</b><br><b>LOXAHATCHEE FL 33470</b>  |   |  |
| DO NOT WRITE IN THIS SPACE   |                                 |   |  |   |  |
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country  |                                 |   | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country   |   |  |
| <b>9. Name and Address of Current Registered Agent</b><br><b>VOREN, HOWARD</b><br><b>1538 "E" RD</b><br><b>LOXAHATCHEE FL 33470</b>  |                                 |   | <b>10. Name and Address of New Registered Agent</b><br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City <b>FL</b> 85 Zip Code |   |  |
| 3. Date Incorporated or Qualified<br><b>07/15/1988</b>   |                                 |   |  |   |  |
| 4. FEI Number<br><b>65-0113093</b>   |                                 |   | Applied For<br>Not Applicable  |   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |                                 |   |  |   |  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |                                 |   |  |   |  |
| 8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE: <b>8/2/99</b>   |                                 |   |  |   |  |
| <b>12. OFFICERS AND DIRECTORS</b>  |                                 |   | <b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>   |   |  |
| TITLE<br><b>PD</b><br>NAME<br><b>VOREN, HOWARD</b><br>STREET ADDRESS<br><b>1538 "E" RD</b><br>CITY-ST-ZIP<br><b>LOXAHATCHEE FL</b>   | <input type="checkbox"/> DELETE | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> DELETE | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> DELETE | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> DELETE | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> DELETE | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> DELETE | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: <i>[Signature]</i> SIGNATURE REQUIRED <i>[Signature]</i> DATE: <b>8/6/99</b> (561) 793-5528   |                                 |   |  |   |  |

CR2E034 (5/99)