

STATE OF FLORIDA

Attachment

OFFICE of VITAL STATISTICS

678 277

CERTIFIED COPY

#L 178614

PRINT IN PERMANENT BLACK INK

CERTIFICATE OF DEATH FLORIDA

1. DECEDENT'S NAME: FIRST **Arthur**, MIDDLE, LAST **Appelbaum**

2. SEX: **Male**

3. DATE OF DEATH (Month, Day, Year): **May 27, 2002**

4. SOCIAL SECURITY NUMBER: **104-14-9679**

5. DATE OF BIRTH (Month, Day, Year): **August 2, 1915**

6. BIRTHPLACE (City and State or Foreign Country): **Brooklyn, New York**

7. PLACE OF DEATH (Check only one; see instructions on other side): **HOSPITAL - Inpatient - ER/Outpatient - OOA - OTHER: Nursing Home X Residence Other (Specify)**

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No): **NO**

9a. FACILITY NAME (If not institution, give street and number): **9450 A Poinciana Place #316**

9b. CITY, TOWN, OR LOCATION OF DEATH: **Fort Lauderdale**

9c. COUNTY OF DEATH: **Broward**

10a. DECEDENT'S USUAL OCCUPATION: **Owner**

10b. KIND OF BUSINESS/INDUSTRY: **Records**

11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): **Married**

12. SURVIVING SPOUSE (If wife, give maiden name): **Irma Brandwein**

13a. RESIDENCE - STATE: **Florida**

13b. COUNTY: **Broward**

13c. CITY, TOWN, OR LOCATION: **Fort Lauderdale**

13d. STREET AND NUMBER: **9450 A Poinciana Place #316**

14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - if yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.): **No**

15. RACE - American Indian, Black, White, etc. (Specify): **White**

16. DECEDENT'S EDUCATION (Specify only highest grade completed): **12**

17. FATHER'S NAME (First, Middle, Last): **Hyman Appelbaum**

18. MOTHER'S NAME (First, Middle, Maiden Surname): **Anna Wexler**

19a. INFORMANT'S NAME (Type or Print): **Irma Appelbaum**

19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): **9450 A Poinciana Pl. #316 Fort Lauderdale, FL 33324**

20a. METHOD OF DISPOSITION: **XX Cremation**

20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): **ABCO Crematory**

20c. LOCATION - City or Town, State: **Fort Lauderdale, Florida**

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: *[Signature]*

21b. LICENSE NUMBER (of Licensee): **1372**

21c. NAME AND ADDRESS OF FACILITY: **Star of David Memorial Chapel, 7701 Bailey Rd North Lauderdale, FL 33068**

22a. DATE SIGNED (Mo., Day, Yr.): **5-30-02**

22b. HOUR OF DEATH: **2:55**

22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): **Paul Rozynes, M.D.**

23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print): **Paul Rozynes, M.D., 5420 NW 33rd Avenue Fort Lauderdale, Florida 33309**

23b. SUBREGISTRAR - SIGNATURE AND DATE: *[Signature]*, **JUN 19 2002**

24. PART I: Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. **BLADDER CANCER**

25. PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

26. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? **No**

27a. WAS AN AUTOPSY PERFORMED? (Yes or No): **No**

27b. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? (Yes or No): **No**

28. CASE REPORTED TO MEDICAL EXAMINER? (Yes or No): **Yes**

29. PROBABLE MANNER OF DEATH (Specify): **Natural**

30a. DATE OF INJURY (Month, Day, Year):

30b. TIME OF INJURY:

30c. INJURY AT WORK? (Yes or No):

30d. DESCRIBE HOW INJURY OCCURRED:

31. PLACE OF INJURY - At home, farm, street, factory, etc. (Specify):

32. LOCATION (Street and Number or Rural Route Number, City or Town, State):

VOID IF ALTERED OR ERASED

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

Doris Owens
Deputy Chief Registrar

JUN 19 2002
State Registrar

WARNING: 13717526

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK. THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.



Attachment # 678277
178614
WILDLIFE ADVENTURES, INC.

3804 Lawson Blvd. • Delray Beach, FL 33445 • (561) 499-4800 • (800) 449-1221 • Fax (561) 499-1311



Florida Department of State
Division of Corporations

To Whom It May Concern:

I am writing this letter to express my circumstances regarding the filing of my UBR for Wildlife Adventures, Inc. My company is a Sub S corporation and I am the only officer and employee. The business of the company is primarily taking people on photographic safaris to Africa, generally once in June and once in August. These are the only times I am able to do this. I have been incorporated since 1990 and have done everything possible to keep the company going with hopes that it could "grow-up" sometime soon, and someday be a company of substance.

Due to the circumstances I wish to explain, the UBR was not filed this year. I am not aware of your guidelines or conditions regarding my situation, but I felt it was very necessary to explain my dilemma and hope that there might be some way you could understand my situation so that it would be possible to keep my corporation active.

My father was the sole proprietor of a business in Ft. Lauderdale, Sir Arthur Oldies, a "oldies but goodies" record store. He ran the store alone and had the business for the past 30 years here in Florida. In April he was diagnosed with bladder cancer and immediately was unable to continue working. It became necessary for me to take over the operation of his business to make enough money to pay the rent on the store while we attempted to liquidate the business. To do this it was necessary for me to cancel both trips that were scheduled for Wildlife Adventures, Inc. and to suspend all WAI activity while dealing with my father's condition and his business. It was evident that his business was most unusual and his condition made it impossible for him to be of any help in dealing with the problem. He had absolutely no insurance, his condition was rapidly worsening, my mother was frantic, and there was a non-existent market for the store.

During the months that followed my attention was solely on keeping his business going enough to pay the bills. Wildlife Adventures had to be put on hold and might even have to be dissolved completely if his store could not be liquidated. My dad died on May 27, 2002 and the past 3 months have been spent dealing with closing the store, liquidating the inventory and getting out of the lease. It appears that we may finally have this task completed by September 15, however, I have been so completely consumed by these circumstances that I was unaware that the UBR was not filed. My registered agent had major changes at his business and due to my father's death on May 27 it went unnoticed until now.

Attachment 478277
L78614

I have included my check for the original filing with hopes that there is some way you can assist me in this situation. I can only hope that the extreme nature of these circumstances will allow some degree of leniency in this problem. I have included a copy of my father's death certificate to show that this was a very real issue.

Thank you very much for any assistance you can offer. If necessary I would welcome the opportunity to speak with anyone in your department if that would be any help. Again my sincere thanks.

Yours truly,

A handwritten signature in cursive script that reads "Michael Appelbaum". The signature is written in dark ink and is positioned above the typed name.

Michael Appelbaum
Wildlife Adventures, Inc.