FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # M92635 1. Corporation Name

(5)

EXOTIC BIRDS OF TAMPA. INC.

Principal Place of Business	Mailing Address
3686 OLD KEYSTONE ROAD TARPON SPRINGS FL 34689	3686 OLD KEYSTONE ROAD TARPON SPRINGS FL 34689



Principal Place of Business Mailing Address 3686 OLD KEYSTONE ROAD 3686 OLD KEYSTONE ROAD				
TARPON SPRINGS FL 34689 TARPON SPRINGS FL 34689			3. Date incorporated or Qualified	
2. Principal Plac	e of Business	2a. Mailing Addres	; ;	4. Fet Number Applied For
1		26		59-2903152 Not Applicable
Suite, Apt. #,	etc.	Suite. Apt. #, e	to.	5. Centicate of Status Desired \$8.75 Additional Fee Required
		City & State		6. Election Campaign Financing \$5.00 May Be
City & State		28		Trust Fund Contribution Added to Fees
Z _{IP}	Country	Zip	Country	This corporation has liability for intangible tax under s 199.032,
ון ^{אַרַ}	25	29	30	Florida Statutes 🔲 Yes 🔼 No
<u>'</u>	9. Name and Address of Curre			10. Name and Address of New Registered Agent
			81 N	Name
GATIS, Y	VONNE		82 S	Street Address (P.O. Box Number is Not Acceptable)
	D KEYSTONE ROAD			Officer / Journals / The Journal of Journal
	SPRINGS FL 34689		83	
17411 011	0.1		81 C	City 85 Zip Code
			1 1	med corporation submits this statement for the purpose of changing its registered officers board of directors. Thereby accept the appointment as registered agent. Lam
SIGNATURE	ignarize lighed or protect nor in of registros flucio OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	DELEI	E 1 TITL	Change Addition
NAME	GATIS, YVONNE	_	1.2 NAM*	
STREET ADDRESS	3686 OLD KEYSTONE ROA	.D	1.3 STREET ADD	
CITY-ST-ZIP	TARPON SPRINGS FL	DELE	1 4 CITY ST-2 E 2 1 TITL+	ZIP Change Addition
TiTLE		[] ().cc	22 NAMI	
NAME			2.3 STRLET AD	nopess
STREET ADDRESS			2 4 C/TY - ST - Z	
CITY-ST-ZIF TITLE		☐ DELF.		Change Addition
NAME			3.2 NAN 1	
STREET ADDRESS			3.3 STEET AC	ADDRESS
CITY - ST - ZIP			3.4.0(I) - SI - 2	- ZIF
TITLE		DELE		Change Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STR E1 AD	
CITY -SI - ZIP			4 4 CIT' - S1 - 2	ZIP Change Addition
TETLE		☐ DELE		
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET AD	1
CITY-ST-ZIP		DELE	54 CIT 1-SI TE 6 1 TIT E	Crange Addition
TITLE		L'1 DELE	62 NAME	
NAME			63 STEEL AL	NUDBESC
STREET ADDRESS	N N			
CITY - ST - ZIP	1\/		64 CT (-SI-	- AF

14. I do hereby certify that the information indictive oath; that I am an officer or director appears in Block 12 or Block applied with this filing is voluntarily furnished and coes not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further this about report in supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under a configuration of the beceiver or trustee empower of the execute this report as required by Chapter 607, Florida Systates, and that my name

SIGNATURE: