

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90065 048 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** N 39401 (7) ✓  
 1. Corporation Name  
THE INTERNATIONAL IGUANA SOCIETY, INC.

Principal Place of Business	Mailing Address
RT. 3, Box 328 BIG PINE KEY FL 33043	RT 3 Box 328 BIG PINE KEY FL 33043

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26 <u>P.O. Box 366188</u>	<u>08/02/1990</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	<u>65-0214222</u>
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23	<u>BONITA SPRINGS FL</u>	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	Trust Fund Contribution
24	29 <u>34136</u>	30 <u>USA</u>

**9. Name and Address of Current Registered Agent**

BURNAMAN, ROSS  
1447 S. GARDEN ST  
TALLAHASSEE, FL 32301.

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
TITLE	<u>PD</u> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<u>PD</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>EHRIG, ROBERT</u>	1.2 NAME	<u>WASILEWSKI, JOSEPH</u>
STREET ADDRESS	<u>RT. 3, BOX 328</u>	1.3 STREET ADDRESS	<u>24305 SW 142 AVE</u>
CITY-ST-ZIP	<u>BIG PINE KEY, FL 33043</u>	1.4 CITY-ST-ZIP	<u>MIAMI FL. 33186</u>
TITLE	<u>P</u> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<u>VO</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>NEWFELD, DEBORAH</u>	2.2 NAME	<u>EHRIG, ROBERT</u>
STREET ADDRESS	<u>1103 DELAWARE AVE</u>	2.3 STREET ADDRESS	<u>RT 3 BOX 328</u>
CITY-ST-ZIP	<u>KISSIMMEE FL</u>	2.4 CITY-ST-ZIP	<u>BIG PINE KEY, FL 33043</u>
TITLE	<u>D</u> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<u>D</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>MONTANUCCI RICHARD</u>	3.2 NAME	<u>GUTMAN A.T.</u>
STREET ADDRESS	<u>321 HICKORY LANE</u>	3.3 STREET ADDRESS	<u>133 STEELE RD.</u>
CITY-ST-ZIP	<u>SENECA, SC</u>	3.4 CITY-ST-ZIP	<u>W. HARTFORD, CT 06119</u>
TITLE	<u>D</u> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>RIPCA, MICHAEL E</u>	4.2 NAME	
STREET ADDRESS	<u>453 EDMONDS AVE</u>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<u>DREXEL HILL PA</u>	4.4 CITY-ST-ZIP	
TITLE	<u>D</u> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<u>D</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>WEIWANDT, THOMAS A PhD</u>	5.2 NAME	<u>KNAPP CHUCK</u>
STREET ADDRESS	<u>PO BOX 5118 NA</u>	5.3 STREET ADDRESS	<u>716 SW 16TH AVE # 305</u>
CITY-ST-ZIP	<u>TUSCON AZ</u>	5.4 CITY-ST-ZIP	<u>GAINESVILLE, FL 32601</u>
TITLE	<u>TD</u> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>FUHRI JR, CARL W</u>	6.2 NAME	
STREET ADDRESS	<u>24576 AMARILLO ST</u>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<u>BONITA SPRINGS FL 34135</u>	6.4 CITY-ST-ZIP	

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99 941 732-3779

Date

Daytime Phone #

CR2E037 (11/98)