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**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90138 030 \*\*\*\*61.25

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N40946**

1. Corporation Name

**OPERATION WILD LIFE SURVIVAL, INC.**

Principal Place of Business

636 BEARD ST.  
TALLAHASSEE FL 32303  
US

Mailing Address

636 BEARD ST.  
TALLAHASSEE FL 32303



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date incorporated or Qualified  
**11/16/1990**

4. FEI Number  
**65-0233640**

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

9. Name and Address of Current Registered Agent

**BLOOM, KENNETH M.**  
**800 BRICKELL AVE**  
**STE 1100**  
**MIAMI FL 33131**

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 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

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **DPT**  
STREET ADDRESS **FLEITMAN, JANE**  
CITY-ST-ZIP **636 BEARD ST.**  
**TALLAHASSEE FL 32303**

TITLE ☐ DELETE  
NAME **DV**  
STREET ADDRESS **FLEITMAN, PETER**  
CITY-ST-ZIP **600 VICTORY GARDEN DR #B16**  
**TALLAHASSEE FL**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **BLOOM, KENNETH M.**  
CITY-ST-ZIP **800 BRICKELL AVE STE 1100**  
**MIAMI FL 33131**

TITLE ☐ DELETE  
NAME **S**  
STREET ADDRESS **BECK, MARGARET**  
CITY-ST-ZIP **830 WATTS DRIVE**  
**TALLAHASSEE FL 32303**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **DV**  
2.3 STREET ADDRESS **Fleitman, Peter**  
2.4 CITY-ST-ZIP **1767 Hermitage Blvd.**  
**Tallahassee, Florida 32308**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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:

*Jane Fleitman* **Jane Fleitman** **2/4/99** **(850) 222-2269**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)