FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1-31-96 B-0570-C

DOCUMENT # **N51254** (3)

1. Corporation Name

RASCALS WILDLIFE CARE NETWORK, INC.

Principal Place of Business	Mailing Address
5120 SW 114TH WAY FT LAUDERDALE FL 33330 US	P O BOX 1092 DANIA FL 33004-092 US

3. Date Incorporated or Qualified: **10/12/1992**
3a. Date of Last Report: **02/28/1995**

2. Principal Place of Business
21:
Suite, Apt. #, etc.
22:
City & State
23:
Zip
24:
Country
25:

2a. Mailing Address
26: 9715 W Broward BLVD.
Suite, Apt. #, etc.
27: #194
City & State
28: Plantation, FL
Zip
29: 33324-2351
Country
30: US

4. FEI Number: **65-0379388** ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LUX, BRENDA
5704 HALLANDALE BEACH BLVD
HOLLYWOOD FL 33023

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD NIERMAN, LEWIS G 9780 NW 16THST PLANTATION FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD MARTIN, BEATRICE 5120 SW 114 WAY FORT LAUDERDALE, FL 33330-2830	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PAYBERG, SHAREN 1073 SW 25TH AVENUE DEERFIELD FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VD SCHUSTER, APRIL 936 SW 131 AVENUE DAVIE, FL 33325	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SCHWARTZ, MARGE 5508 NW 59TH PL TAMARAC FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SD SCHWARTZ, MARGE 5508 NW 59TH Place TAMARAC, FL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARTIN, MAGDALENA 4274 NW 2ND STREET PLANTATION FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	TD MARTIN, THOMAS F. JR. 5210 SW 114 WAY FORT LAUDERDALE, FL 33330-2830	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PAYBERG, SHAREN 1073 SW 25TH AVE DEERFIELD FL 33442	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D NIERMAN, LEWIS G. 9780 NW 16TH STREET PLANTATION, FL 33322	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KOI, SANDY 127 N 63 AVE HOLLYWOOD FL	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D PAYBERG, SHAREN 1073 SW 25TH AVENUE DEERFIELD, FL 33442	☒ Change ☐ Addition

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: _____ Thomas Martin 1/25/96 (954)434-4565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #