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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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	9715 WEST BROWARD BLVD 194 PLANTATION FL 33324-2351 US

3. Date Incorporated or Qualified: 10/12/1992
3a. Date of Last Report: 01/31/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MARTIN, BEATRICE		1.2 NAME		
STREET ADDRESS	5120 SW 114 WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SCHUSTER, APRIL		2.2 NAME		
STREET ADDRESS	936 SW 131TH AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SCHWARTZ, MARGE		3.2 NAME		
STREET ADDRESS	5508 NW 59TH PLACE		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MARTIN, THOMAS F JR.		4.2 NAME		
STREET ADDRESS	5210 SW 114TH WAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	NIERMAN, LEWIS G		5.2 NAME		
STREET ADDRESS	9780 NW 16TH STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	PAYBERG, SHAREN		6.2 NAME		
STREET ADDRESS	1073 SW 25TH AVENUE		6.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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.

SIGNATURE: [signature] THOMAS MARTIN 1/21/97 (954)434-4565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0037220