FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE



FLORIDA DEPARTMENT OF STATE

FILED

Feb 03 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9300003207 (8)

TIGER'S EYE PRODUCTIONS WILDLIFE RESEARCH CENTER, INC.

Principal Place of Business		Mailing Address						
5780 OAK HOLLOW LANE		5780 OAK HOLLOW LANE			3. Date Incorporated or Qualified			
OVIEDO FL 32765		OVIEDO FL 32765			07/15/1993			
						4. FEI Number	Applied For	
						59-3203960	Not Applicable	
L	ace of Business	2a. Mailing Address				5. Certificate of Status Desired \$	8.75 Additional	
21		26					Fee Required	
Suite, Apt.	#_elC.	Suite, Apt. #, etc.					5.00 May Be	
City & State	<u> </u>	27 City & State					Added to Fees	
23	•	28				7. Is this nonprofit corporation a homeowners as: ☐ Yes ☑ No.		
Zip	Country	Zip	Cc	ountry		8. This corporation owes or has paid the current		
24	25	29	30			Personal Property Tax due June 30.	s Æ No	
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registered Ager	nt	
]				81	Name		_	
MCMILLA	IN, DAVID			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
, , , , , , , , , , , , , , , , , , , ,	K HOLLOW LANE			83				
OVIEDO	FL 32765			83				
				84	City	FL 85	1 '	
11. Pursuant I	to the provisions of Sections 617.050	2 and 617.1508, Florida Stat	utes, the a	above	-named corporation	oration submits this statement for the purpose of cha on's board of directors. I hereby accept the appointn	nging its registered	
agent. a	m familiar with, and accept the obliga	tions of Section 617.0503,	Florida Sa	atutes		in a board of directors, Thereby accept the appoint	herit as registered	
SIGNATURE X STAWNS IVI MALLER 1.7-90								
12.	Sign. Cure Typed or printed name of registered age OFFICERS ANS		11,		ut signature require	ADDITIONS/CHANGES TO OFFICERS AND DIR	ECTORS IN 12	
TITLE	D	DELETE		TITLE			Change Addition	
NAME	MCMILLAN, DAVID		14	NAME			- —	
STREET ADDRESS	5780 OAK HOLLOW LN			TREET A	ADDRESS			
CITY-ST-ZIP	OVIEDO FL 32765			ITY-ST	- ZIP			
TITLE	D	DELETE		ITLE			hange Addition	
NAME	BLANCHARD, MAX					ш,	mange	
STREET ADDRESS	40070 DECCAPTED OF			IAME	1		mangs	
1 1	12078 DESCARTES CT		12		address	۵,	- Addition	
City-St-ZIP	ORLANDO FL 32826			STREET A	J			
CITY-ST-ZIP TITLE	ORLANDO FL 32826 D	DELETE		STREET A CITY-ST TITLE	J		Change Addition	
TITLE NAME	ORLANDO FL 32826 D LANZA, MICHAEL R			STREET A CITY-ST TITLE VAME	F-ZIP			
TITLE NAME STREET ADDRESS	ORLANDO FL 32826 D LANZA, MICHAEL R 548 BAMBOO HARBOR CT 21			TREET A CITY-ST TITLE VAME STREET A	T-ZIP ADDRESS			
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I hereby certify that the information supplied with this filing does not qualify to the elemption 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 accutate 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.

LOUIRED