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Mar 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000005291 (8)**

1. Corporation Name

**MONKEY ANTICS PRIMATES HELPING PRIMATES, INC.**

Principal Place of Business

Mailing Address

**818 OSCEOLA TRAIL  
CASSELBERRY FL 32707**

**818 OSCEOLA TRAIL  
CASSELBERRY FL 32707**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**11/07/1995**

4. FEI Number

**59-3343940**

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**

7. Is this nonprofit corporation a homeowners' association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

**ROSNER, PAUL E  
818 OSCEOLA TRAIL  
CASSELBERRY FL 32707**

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 **PSTD  
ROSNER, PAUL E**  
STREET ADDRESS **818 OSCEOLA TRAIL**  
CITY-ST-ZIP **CASSELBERRY FL 32707**

TITLE ☐ DELETE

NAME **VD  
ROSNER, AARON**  
STREET ADDRESS **818 OSCEOLA TRAIL**  
CITY-ST-ZIP **CASSELBERRY FL**

TITLE ☐ DELETE

NAME **D  
WISLITIER, JAY**  
STREET ADDRESS **818 OSCEOLA TRAIL**  
CITY-ST-ZIP **CASSELBERRY FL 32707**

TITLE ☐ DELETE

NAME **D  
DURHAM, HOY**  
STREET ADDRESS **4299 CR-683**  
CITY-ST-ZIP **WEBSTER FL 33597**

TITLE ☐ DELETE

NAME **D  
ST. CLAIR, ROBERTA**  
STREET ADDRESS **2827 S.W. 116TH AVE.**  
CITY-ST-ZIP **WEBSTER FL 33597**

TITLE ☒ DELETE

NAME **D  
SIMMENS, CLARISSA**  
STREET ADDRESS **4843 20TH STREET**  
CITY-ST-ZIP **ZEPHRILLS FL 33540**

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

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

**D  
DURHAM, JOY  
4299 CR-683  
WEBSTER, FL 33597**

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.

SIGNATURE:

*Paul E. Rosner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/98

(407) 696-8658

CR2E037 (10/97)