

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90080 026 ****61.25

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1. Corporation Name

PRESERVE THE JUNGLE, INC.

Principal Place of Business

**2400 SOUTH DIXIE HIGHWAY
SUITE 200
MIAMI FL 33133**

Mailing Address

**2400 SOUTH DIXIE HIGHWAY
SUITE 200
MIAMI FL 33133**



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

3. Date incorporated or Qualified

09/09/1996

4. FEI Number

65-0695877

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

10. Name and Address of New Registered Agent

**MATZNER, GARY C
2400 SOUTH DIXIE HIGHWAY
SUITE 200
MIAMI FL 33133**

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

☐ DELETE

NAME

**TOLAND, BRUCE
801 BRICKELL AVE., #1501
MIAMI FL 33131**

CITY-ST-ZIP

TITLE

D

☐ DELETE

NAME

**LEMONS, NATALIE
9950 S.W. 73 AVE.
PINECREST FL 33156**

STREET ADDRESS

CITY-ST-ZIP

TITLE

D

☐ DELETE

NAME

**MATZNER, GARY C
5580 S.W. 97TH STREET
PINECREST FL 33156**

STREET ADDRESS

CITY-ST-ZIP

TITLE

D

☐ DELETE

NAME

**GLOWACKI, ROBERT
7291 S.W. 117 TERR
PINECREST FL**

STREET ADDRESS

CITY-ST-ZIP

TITLE

D

☐ DELETE

NAME

**HARTIN, STEFANI
5845 SW 108TH ST.
PINECREST FL 33156**

STREET ADDRESS

CITY-ST-ZIP

TITLE

D

☐ DELETE

NAME

**UNDERWOOD, JOHN
6000 KILLIAM DR.
PINECREST FL 33156**

STREET ADDRESS

CITY-ST-ZIP

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

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)