

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90071 015 ****61.25

DOCUMENT # N96000004647 1. Entity Name PRESERVE THE JUNGLE, INC.					
Principal Place of Business %GARY C. MATZER 5880 S.W. 97 ST. PINECREST, FL 33156			Mailing Address %GARY C. MATZER 5880 S.W. 97 ST. PINECREST, FL 33156		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0695877	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MATZNER, GARY C. 2601 S. BAYSHORE DRIVE, STE. 1146 MIAMI, FL 33133			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MATZNER, GARY C		NAME		
STREET ADDRESS	5880 S.W. 97TH ST.		STREET ADDRESS		
CITY-ST-ZIP	PINECREST, FL 33156		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WAKSHLAG, STANLEY		NAME		
STREET ADDRESS	6505 SW 131 ST.		STREET ADDRESS		
CITY-ST-ZIP	PINECREST, FL 33156		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAMBERGER, HARRY		NAME		
STREET ADDRESS	10040 SW 60 COURT		STREET ADDRESS		
CITY-ST-ZIP	PINECREST, FL 33156		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TOLAND, BRUCE		NAME		
STREET ADDRESS	5846 SW 108 COURT		STREET ADDRESS		
CITY-ST-ZIP	PINECREST, FL 33156		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARLTON, ROGER		NAME		
STREET ADDRESS	12715 ROLLING ROAD DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PINECREST, FL 33156		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHERR, LANETTE		NAME		
STREET ADDRESS	11007 SW 77 COURT CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	PINECREST, FL 33156		CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:			GARY C. MATZNER		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>1/9/04</u> Daytime Phone # <u>305-250-4660</u>		