

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 26 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 # N97000002236 (4)**  
1. Corporation Name  
**WILD ONES-ANIMAL ENCOUNTERS, INC.**



Principal Place of Business <b>13095 N E 165 STREET FT MCCOY FL 32134</b>	Mailing Address <b>13095 N E 165 STREET FT MCCOY FL 32134</b>
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3. Date Incorporated or Qualified  
**04/17/1997**

4. FEI Number  
**69-3494740**  Applied For  
Not Applicable

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>28</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State <b>27</b>	27 City & State
23 Zip <b>28</b>	28 Zip
Country <b>25</b>	Country <b>30</b>

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

**9. Name and Address of Current Registered Agent**

**BREEDING, WALTER  
13095 N E 165 STREET  
FT MCCOY FL 32134**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>KERSCHNER, GABE</b>
STREET ADDRESS	<b>P O BOX 191 N/A</b>
CITY-ST-ZIP	<b>WEIMAR CA 95789</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>KEITH, KEVIN</b>
STREET ADDRESS	<b>21 ALTA LOMA DR</b>
CITY-ST-ZIP	<b>AMERICAN CANYON CA 94589</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>KELLY, TRACY</b>
STREET ADDRESS	<b>4935 CHIMINEAS</b>
CITY-ST-ZIP	<b>TARZANA YON CA 91356</b>
TITLE	<b>D/V.P</b> <input type="checkbox"/> DELETE
NAME	<b>BARKER, DARREN</b>
STREET ADDRESS	<b>425 W CARLISLE RD</b>
CITY-ST-ZIP	<b>THOUSAND OAKS CA 91380-0</b>
TITLE	<b>D/P/T</b> <input type="checkbox"/> DELETE
NAME	<b>BREEDING, WALTER</b>
STREET ADDRESS	<b>13095 NE 165 STREET</b>
CITY-ST-ZIP	<b>FT MCCOY FL 32134</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>DE BORAH BREEDING</b>
STREET ADDRESS	<b>13095 NE 165 STREET</b>
CITY-ST-ZIP	<b>FT. MCCOY, FL 32134</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE *Walter D. Breeding* DATE *3/19/98* *352764-5219*

CFR2037 (10/97)