



**FILED**  
**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90182 044 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N98000002745</b>					
1. Corporation Name <b>THE WILD LIFE PRESERVE OF ENDANGERED ANIMALS, IN C.</b>					
Principal Place of Business 17919 BURRELL RD ODESSA FL 33556			Mailing Address 17919 BURRELL RD ODESSA FL 33556		
					
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		28 Suite, Apt. #, etc.		05/14/1998	
22 City & State		27 City & State		4. FEI Number	
23 Zip		29 Zip		981209659	
24 Country		30 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
DELEO, DEBRA 17919 BURRELL RD ODESSA FL 33556			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 Zip Code		
			FL		
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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	NAME
	Secretary	De			Debra Deleo
				1.2 NAME	17919 Burrell Rd
				1.3 STREET ADDRESS	Odessa, FL 33556
				1.4 CITY-ST-ZIP	
				2.1 TITLE	President
				2.2 NAME	Sandra Pinto
				2.3 STREET ADDRESS	17919 Burrell Rd
				2.4 CITY-ST-ZIP	Odessa, FL 33556
				3.1 TITLE	VP-Treas
				3.2 NAME	Dominick Pinto
				3.3 STREET ADDRESS	17919 Burrell Rd
				3.4 CITY-ST-ZIP	Odessa, FL 33556
				4.1 TITLE	
				4.2 NAME	
				4.3 STREET ADDRESS	
				4.4 CITY-ST-ZIP	
				5.1 TITLE	
				5.2 NAME	
				5.3 STREET ADDRESS	
				5.4 CITY-ST-ZIP	
				6.1 TITLE	
				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

4-12-99

813-920-0328

CR2E037 (1/98)