

FILE NOW: FILING FEE IS \$61.25

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90012 016 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N98000007208		
1. Corporation Name Florida Endangered Wildlife, Inc.		

Principal Place of Business	Mailing Address
258 Bangsberg Road SE Port Charlotte, FL 33952	PO Box 3802 Port Charlotte, FL 33949

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	12/21/1998
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	65-0879855
24 Country	29 Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
25 Country		30 Country
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95 Country		100 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Mitchell T. Brooks	81 Name
258 Bangsberg Road SE	82 Street Address (P.O. Box Number is Not Acceptable)
Port Charlotte, FL 33952	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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D, P Michael Rosen ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	2250 Avenida Del Vera	1.2 NAME	
STREET ADDRESS	North Fort Myers, FL 33917	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D, S Les Alderman ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	2250 Avenida Del Vera	2.2 NAME	
STREET ADDRESS	North Fort Myers, FL 33917	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D, T James Schoen ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	2250 Avenida Del Vera	3.2 NAME	
STREET ADDRESS	North Fort Myers, FL 33917	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D, VP Stefanie Cutshall ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	2250 Avenida Del Vera	4.2 NAME	
STREET ADDRESS	North Fort Myers, FL 33917	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Michael Rosen President 5/3/99 941-627-3400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)