FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

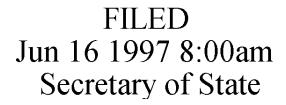
DOCUMENT # P93000018183 (2)

FLORIDA WILDLIFE EXPOSITION. INC.

Principal Place of Business

Mailing Address

4070 10444 11404





SARASOTA FL 34239				SARASOTA FL 34239-2116										
										Date Incorporate 03/08/1993	ed or Qualified		te of Last R	Report
2. Principal Place of Business				2a. Mailing Address					4	l. FEI Number			Ar	oplied For
21				26						65-0404661			No	ot Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5	. Certificate of Sta	itus Desired	n		Additional
22				27									Fee Re	equired
City & State				City & State					6	 Election Campai 		f1		May Be
23				28						Trust Fund Conti		Ц		to Fees
Zip	-	Country	-	Zip II	9	⊢	Country	'y		I. This corporation		intangible] Yes =[i. 199.032,
24	0 Name at	<u> </u>	29 of Current Reg		rant he	30			10	Florida Statutes Name and Add				
VEG			A Current neg	JIBLUIC	a Agent		81	Name		, Manie and Ada	1000 01 14011 110	giotoroa	-gont	
KESSLER, MICHAEL 1670 LOMA LINDA														
SARASOTA FL 34239							82	Street A	Address ((P.O. Box Number	is Not Acceptat	ole)		İ
SAIT	70017 I E 0	1200					83							
							L							
							84	City				FL	85 Zip	Code
11. Pursuant office or reagent. I as	to the provision egistered ager m familiar with	ns of Sections nt, or both, in , and accept	607.0502 and the State of Fic the obligations	607. orida of, Se	1508, Florida Statuti Such change was a ection 607.0505, Flo	es, the author orida (e abov ized b Statute	L e-named of the corp s.	corporati oration's	ion submits this sta board of directors	itement for the p . I hereby acce	ourpose of pt the app	changing i ointment as	ts registered registered
SIGNATURE			gistered agent and t		ALOTT	C. O	to a di A di			en reinstating)		DATE		
12.	Signature, typed or		CERS AND DIR				3.	ani signature		ADDITIONS/CHAI	NGES TO OFFIC		DIRECTOR	RS IN 12
TITLE	D		2211071110 0111		DELETE		.1 THLE						☐ Change	Addition
NAME	KESSLER, I	MICHAEL			_	1	.2 NAME							
STREET ADDRESS	4050 1014 111104				1.3 \$			STREET ADDRESS				•		
CITY-ST-ZIP	SARASOTA						.4 CITY-S							
TITLE	D				☐ DELETE	_	.1 THEE						Change	Addition
NAME	KESSLER, I	Robin				2	.2 NAME							
STREET ADDRESS	1670 LOMA					2	.3 STREET	ADDRESS						
CHTY-ST-ZIP	SARASOTA	FL 34239				2	4 CITY-	ST-ZIP						
TITLE		·····			DELETE	3	.1 TITLE						Change	☐ Addition
NAME						3	.2 NAME							
STREET ADDRESS						3	.3 STREET	ADDRESS						
CITY-ST-ZIP						3	.4. CITY-	S1 - 7IP						
TITLE	<u></u>				☐ DELETE	4	.1 TOLE						☐ Change	Addition
NAME						4	. 2 NAME							
STREET ADDRESS						4	.3 STREET	ADDRESS						
CITY - ST - ZIP							.4 CITY - S	ST-ZIP						
TITLE					DELETE	- 1	.1 10LE]					☐ Change	☐ Addition
NAME						5	.2 NAME							
STREET ADDRESS						5	.3 STREET	ADDRESS						
CITY-ST-ZIP							4 CITY - 5	ST-ZIP						
TITLE					DELETE	6	A TITLE						Change] Add:tion
NAME						6	.2 NAME							ļ
STREET ADDRESS						6	.3 STREET	F ADDRESS						ĺ
CITY-ST-ZIP					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	6	.4 C(TY - S	S1 - ZIP					-	

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. 941