

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 20, 1999 8:00 am**  
**Secretary of State**

07-20-1999 90027 039 \*\*\*550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P94000015317 ✓

1. Corporation Name  
 UNTER CORP.



Principal Place of Business  
 UNTER CORP  
 2312 LION COUNTRY BLVD  
 LOXAHATCHEE FL 33470  
 US

Mailing Address  
 LION COUNTRY SAFARI  
 PO BOX 16066  
 WEST PALM BEACH FL 33416  
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
 02/24/1994

2. Principal Place of Business  
 21 2003 LION COUNTRY BLVD

2a. Mailing Address  
 26 2003 LION COUNTRY BLVD.

4. FEI Number  
 65-0475967

Suite, Apt. #, etc.  
 22 LOXAHATCHEE

Suite, Apt. #, etc.  
 27 LOXAHATCHEE

Applied For  
 Not Applicable

City & State  
 23 FLORIDA

City & State  
 28 FLORIDA

5. Certificate of Status Desired  \$8.75 Additional Fee Required

Zip Country  
 24 33470 25 U.S.A.

Zip Country  
 29 33470 30 U.S.A.

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property.  Yes  No

9. Name and Address of Current Registered Agent  
 KRAMER, HAROLD  
 C/O LION COUNTRY SAFARI, INC.  
 2312 LION COUNTRY BLVD  
 LOXAHATCHEE FL 33470

10. Name and Address of New Registered Agent  
 81 Name HAROLD KRAMER  
 82 Street Address (P.O. Box Number is Not Acceptable) 2003 LION COUNTRY BLVD.  
 83  
 84 City LOXAHATCHEE FL 85 Zip Code 33470

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent of 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 607.0506, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE 7/15/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	UNTERHALTER, LEON	
STREET ADDRESS	% LION COUNTRY SAFARI, STATE RD. 80	
CITY-ST-ZIP	LOXAHATCHEE FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	KRAMER, HAROLD	
STREET ADDRESS	2312 LION COUNTRY BLVD	
CITY-ST-ZIP	LOXAHATCHEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2003 LION COUNTRY BLVD.
1.4 CITY-ST-ZIP	LOXAHATCHEE FL. 33470
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2003 LION COUNTRY BLVD.
2.4 CITY-ST-ZIP	LOXAHATCHEE FL. 33470
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE 7/15/99 DAYTIME PHONE # 561-793-1084  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/99)