

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).

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

4. FEI Number

65-0475967

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

2. Principal Place of Business

21 2003 LION COUNTRY BLVD

2a. Mailing Address

26 2003 LION COUNTRY BLVD.

Suite, Apt. #, etc.

22 LOXAHATCHEE

Suite, Apt. #, etc.

27 LOXAHATCHEE

City & State

23 FLORIDA

City & State

28 FLORIDA

Zip

24 33470

Country

25 U.S.A.

Zip

29 33470

Country

30 U.S.A.

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/15/99

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **UNTERHALTER, LEON**

STREET ADDRESS **% LION COUNTRY SAFARI, STATE RD. 80**

CITY-ST-ZIP **LOXAHATCHEE FL**

TITLE **ST** ☐ DELETE

NAME **KRAMER, HAROLD**

STREET ADDRESS **2312 LION COUNTRY BLVD**

CITY-ST-ZIP **LOXAHATCHEE FL**

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**2003 LION COUNTRY BLVD.
LOXAHATCHEE FL. 33470**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**2003 LION COUNTRY BLVD.
LOXAHATCHEE FL. 33470**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/15/99 561-793-1084

CR2E034 (5/99)