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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000045336

Corporation Name

EXOTIC ENVIRONMENTS INC.

Principal Place of Business Mailing Address P O BOX 7153 171 OREGON LN **BOCA RATON FL 33431 BOCA RATON FL 33487** DO NOT WRITE IN THIS SPACE US HS 3. Date Incorporated or Qualifed 06/13/1994 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0498070 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5:00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Country Zip Country Zip 8. This corporation owes the current year Intangible Personal Property Tax. 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent BUSBOOM, SCOTT Street Address (P.O. Box Number is Not Acceptable) 171 OREGON LN **BOCA RATON FL 33487** 83 84 85 Zip Code City 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, 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 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE ☐ Change 1.1 TITLE TITLE BUSBOOM, CHERYL 1.2 NAME NAME 171 OREGON LN 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33487** 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 2.1 TITLE TITLE BUSBOOM, SCOTT 2.2 NAME NAME

171 OREGON LN STREET ADDRESS 2.3 STREET ADDRESS **BOCA RATON FL 33487** 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ DELETE ☐ Addition 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIF Change 7 DELETE 4.1 TITLE TITLE 4, 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change Addition 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Change ☐ Addition DELETE TITLE 6.2 NAME NAME

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 peoply of 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 compartion or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if charged, or on an attachment with all address, with all other like empowered.

SIGNATURE

STREET ADDRESS

City-ST-ZIP

GALLY EBUSDOM

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

1-27-99

FILED

Feb 17, 1999 8:00am

Secretary of State

02-17-1999 90091 027 ***150.00

(501)998-5354 Daytime Phone #

CR2E034 (11/98)