

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000053393 (2)

1. Corporation Name

EXOTIC ANIMALS INTERNATIONAL INC.

Principal Place of Business

**5220 N.W. 53RD AVE.
COCONUT CREEK FL 33073**

Mailing Address

**5220 N.W. 53RD AVE.
COCONUT CREEK FL 33073**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/19/1994

3a. Date of Last Report

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

65-0510765

Applied For

Not Applicable

Suite, Apt. #, etc

22

Suite, Apt. #, etc

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

24

Country

25

Zip

29

Country

30

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85.

Zip Code

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

Signature typed or printed name of registered agent and fee (if applicable)

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

**DPST
ERVEY, BRIAN F
5220 N.W. 53 AVE.
COCONUT CREEK FL 33073**

11. TITLE

☐ Change ☐ Addition

NAME

12. NAME

STREET ADDRESS

13. STREET ADDRESS

CITY - ST - ZIP

14. CITY - ST - ZIP

TITLE

21. TITLE

☐ Change ☐ Addition

NAME

22. NAME

STREET ADDRESS

23. STREET ADDRESS

CITY - ST - ZIP

24. CITY - ST - ZIP

TITLE

31. TITLE

☐ Change ☐ Addition

NAME

32. NAME

STREET ADDRESS

33. STREET ADDRESS

CITY - ST - ZIP

34. CITY - ST - ZIP

TITLE

41. TITLE

☐ Change ☐ Addition

NAME

42. NAME

STREET ADDRESS

43. STREET ADDRESS

CITY - ST - ZIP

44. CITY - ST - ZIP

TITLE

51. TITLE

☐ Change ☐ Addition

NAME

52. NAME

STREET ADDRESS

53. STREET ADDRESS

CITY - ST - ZIP

54. CITY - ST - ZIP

TITLE

61. TITLE

☐ Change ☐ Addition

NAME

62. NAME

STREET ADDRESS

63. STREET ADDRESS

CITY - ST - ZIP

64. CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 130.07(3)(B), 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

2/22/95 305-570-9409
Date Signature