App ied For

Fee Required \$5.00 May Be

Added to Fees

[:<u>3</u>No

Not Applicable \$8.75 Additional

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000057071

1. Corporation Name

ENDANGEDED SPECIES INC

| Principal Place of Business          | Mailing Address                      |         |
|--------------------------------------|--------------------------------------|---------|
| 10072 CUSTER CIR<br>DRLANDO FL 32817 | 10072 CUSTER CIR<br>ORLANDO FL 32817 |         |
| . Principal Place of Business        | 2a. Mailing Address                  |         |
| Suite, Apt. #, etc.                  | Suite, Apt. #, etc.                  |         |
| City & State                         | City & State                         |         |
| <b>3</b>                             |                                      | Country |
|                                      |                                      |         |

## **FILED** Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90101 007 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

Trust Fund Contribution

Personal Property Tax.

6. Election Campaign Financing

8. This corporation owes the current year Intangible

08/02/1994 4. FEI Nu nber

59-3268940

| 9. Name and Address of Current Registered Agent |   |                   |           | 10. Name and Address of New Registere J Agent |  |   |                    |                            |                        |  |
|---|---|-------------------|-----------|---|--|---|--------------------|----------------------------|------------------------|--|
|   |   |                   | 81        | Name  |  |   |                    |                            |                        |  |
|   | VENS, MICHAEL G   |                   | 82        | Street  | Address (P.O. Box                          | Number is Not Acceptable)                                     |                    |                            |                        |  |
| 10072 CUSTER CIRCLE                             |   |                   | "         | Oli cot i                                     |  |   |                    |                            |                        |  |
| ORL   | ANDO FL 32817   |                   | 83        |   |  | •   |                    |                            |                        |  |
|   |   |                   | -         |   |  |   | —-                 | 85 Zip                     | Code                   |  |
|   |   |                   | 84        | City  |  |   | FL                 | 65 Zip                     | COUR                   |  |
| office o re<br>agent. I ar                      | to the provisions of Sections 607.0502 and 607.1508, Flori<br>egistered agent, or both, in the State or Florida. Such chan<br>in familiar with, and accept the obligations of, Section 607. | ge was authoriz   | ed by     | the corpo                                     | co poration submit<br>oration's board of d | s this statement for the purp<br>rectors. I hereby accept the | ose of c<br>appoin | hanging its<br>tment as re | negistered<br>gistered |  |
| SIGNATURE                                       | Signature, typed or printed name of registered agent and title if applicable  | (NOTI : Registe   | red Ager  | nt signature r                                | equired when reinstating)                  | Di  | ATE                |                            |                        |  |
| 12.   | OFFICERS AND DIRECTORS  | 1                 | 3.        |   | ADDITIC                                    | NS/CHANGES TO OFFICE  | RS / NI            | DIRECTO                    | RS IN 12               |  |
| TITLE   | <b>P</b>  | ELETE 1.1         | TITLE     |   |  |   |                    | ☐ Change                   | Addition               |  |
| NAME  | MICHEAL G. STEVENS  | 1.2               | NAME      |   |  |   |                    |                            |                        |  |
| STREET ADDRESS                                  | 10072 CUSTER CIR.   | 1.3               | 1.3 STREE |   |  |   |                    |                            |                        |  |
| CITY-ST-ZIP                                     | ORLANDO FL 32817  | 1.4               | CITY-S    | T-ZIP   |  |   |                    |                            |                        |  |
| TITLE   | D   | ELETE 2.1         | TITLE     |   |  |   |                    | Change                     | Addition               |  |
| NAME  |   | 2.2               | NAME      |   |  |   |                    |                            |                        |  |
| STREET ADDRESS                                  |   | 2.3               | STREE     | TADDRESS                                      |  |   |                    |                            |                        |  |
| CITY-ST-ZIP                                     |   | 2.                | CITY-5    | ST-ZIP  |  |   |                    |                            |                        |  |
| TITLE   |   | ELETE 3.1         | TITLE     |   |  |   |                    | Change                     | ☐ Addition             |  |
| NAME  |   | 3.2               | NAME      |   |  |   |                    |                            |                        |  |
| STREET ADDRESS                                  |   | 3.3               | STREE     | T ADDRESS                                     |  |   |                    |                            |                        |  |
| CITY-ST-ZIP                                     |   | 3.4               | . CITY-5  | ST-ZIP  |  |   |                    |                            |                        |  |
| TITLE   |   | ELETE 4.1         | TITLE     |   |  |   |                    | ☐ Change                   | Addition               |  |
| NAME  |   | 4 .               | NAME      |   |  |   |                    |                            |                        |  |
| STREET ADDRESS                                  |   | 4.3               | STREE     | TADDRESS                                      |  |   |                    |                            |                        |  |
| CITY-ST-ZIP                                     |   | 4.4               | CITY-S    | T-ZIP   |  |   |                    |                            |                        |  |
| TITLE   |   | ELETE 5.1         | TITLE     |   |  |   |                    | ☐ Change                   | ☐ Addition             |  |
| NAME  |   | 5.2               | NAME      |   |  |   |                    |                            |                        |  |
| STREET ADDRESS                                  |   | 5.3               | STREE     | TADDRESS                                      |  |   |                    |                            |                        |  |
| CITY-ST-ZIP                                     |   | 5.4               | CITY-S    | T-ZIP   |  |   |                    |                            |                        |  |
| TITLE   |   | ELETE 6.1         | TITLE     |   |  |   |                    | ☐ Change                   | ☐ Addition             |  |
| NAME  |   | 6.2               | NAME      |   |  |   |                    |                            |                        |  |
| STREET ADDRESS                                  |   | 6.3               | STREE     | TADDRESS                                      |  |   |                    |                            |                        |  |
| CITY-ST-ZIP                                     |   |                   | CITY-S    |   |  |   |                    |                            |                        |  |
| 14 I boroby                                     | ertify that the information supplied with this fifing does not on this annual report of supplemental annual report is true  | qualify for the e | kempt     | ion stated                                    | in Section 119.07                          | 3)(i), Florida Statutes. I furth                              | er cert            | ify that the               | nf ormation            |  |

indicates on this annual report of supplemental crimian report is true and accurate and that my signature shall have the same regardeness in made under our filter of 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, with all other like empowered.

SIGNATURE: