

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northing
Secretary of State
Division of Corporations

APPROVED
AND
FILED

95 MAY -1 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000059891 (9)

1. Corporation Name

WLD BEEST NORTH, INC.

Principal Place of Business

2551 SUNDY AVE
DELRAY BEACH FL 33444

Mailing Address

2551 SUNDY AVE
DELRAY BEACH FL 33444

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/10/1994

3a. Date of Last Report

4. FET Number

65 0536 983

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

7. This corporation has liability for intangible tax under S. 190.032,
Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MCNAIRY, ROBERT
2551 SUNDY AVE
DELRAY BEACH FL 33444

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 607.0802 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 hereby with and accept the change of office, Florida Statutes 607.0802, Florida Statutes.

SIGNATURE

Robert McNairy

4/12/95

12. OFFICERS AND DIRECTORS

1. TITLE	PRES.
2. NAME	ROBERT MCNAIRY
3. STREET ADDRESS	2551 SUNDY AVE
4. CITY, ST, ZIP	DELRAY BEACH FL 33444
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.032, Florida Statutes. I further certify that the information is correct as this annual report or supplemental annual report is true and accurate and that my corporation shall have the same legal effect as if it had been filed with the appropriate authorities of the corporation or the officer or director responsible to issue this report as required by Chapter 607, Florida Statutes, and that my filing appears in Block 12 or Block 13 of this report as an attachment with an address.

SIGNATURE:

Robert McNairy
ROBERT MCNAIRY

4/12/95

407 271 6174