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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # POSOCOCARA4 (4)

FILED Apr 07 1997 8:00am Secretary of State

Principal Pla	RTHY'S WILDLIFE CENTER ICE of Business STREET N. BEACH FL 33142	Mailing Address 12943 61ST STREET N. WEST PALM BEACH FL	33412-2017		
				3. Date incorporated or Qualified 01/17/1995	3a. Date of Last Report 07/02/1996
······································		2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt #, etc		Suite, Apt. #, etc.		65-0565027	Not Applicable \$8.75 Additional
2	· H, 6.0	27		5. Certificate of Status Desired	Fee Required
City & Sta	ate	City & State		6. Election Campaign Financing	\$5.00 May Be
3	0	28		Trust Fund Contribution	Added to Fees
Ζιρ 4	Country 25	Zip 29	Country	This corporation has liability for Florida Statutes	intangible tax under s. 199.032, Yes No
4	9. Name and Address of Cur		[30]	10. Name and Address of New R	
W	2943 61ST ST N STEPPED EST PALM BEACH FL 33412 It to the 10 ovisions of Sections 607.1 Tregister 61 agent, or both, in the St	0102 and 607, 1508, Florida State	83 84 City	dress (P.O. Box Number is Not Accepted	FL 85 Zip Code
agent i SIGNATURE 12. THE NAME SIRELI ADDRESS CITY-ST ZIP THE NAME STREET ADDRESS	Signature belond or protect came of registerer OFFICERS PD MCCARTHY, MARC 12943 81ST STREET N. WEST PALM BEACH FL 33	d agen and title if applicable AND DIRECTORS DELETE	a authorized by the corpore TOTICA Statutes. DTE: Registered Agent eignature requ 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	rporation submits this statement for the ation's board of directors. I hereby account of the directors of th	DATE CERS AND DIRECTORS IN 12 Change Addition
SIGNATURE TILE NAME STHELT ADDRESS TILE TILE NAME NAME	Signature by disciplinate of registers OFFICERS PD MCCARTHY, MARC 12943 61ST STREET N. WEST PALM BEACH FL 33	d agen and title if applicable AND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	uired when reinstating)	DATE CERS AND DIRECTORS IN 12 Change Addition
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I do 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 only in attachment with an address.

SIGNATURE: