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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

## FILED May 06 1997 8:00am Secretary of State

Principal Place of Business  766 CRESTWOOD FL 34223  POCUMENT # P96000017746 (4)  EXOTIC BIRDS OF ENGLEWOOD, INC.  Mailing Address  768 CRESTWOOD ROAD ENGLEWOOD FL 34223-3988								
					s. Date incorporated or Qualified 02/26/1996		EPORT	
2. Principal Flace of Business		28. Mailing Addres	SS	····	4. FEI Number		pplied For	
Surie, Apt. #, etc		26 Suite Apt # e	Suite Apt. #, etc.				ot Applicable	
22			27		5. Certificate of Status Desired S8.75 Additional Fee Required		-	
City & Ctate		City & State			6. Election Campaign Financing \$5.00 May Be			
23		28			Trust Fund Contribution Added to Fees			
Zip -	Country 25	Zıp	30	untry	<ol> <li>This corporation has liability for Florida Statutes</li> </ol>	xrintangible tax under s	. 199.032.	
	9. Name and Address of Cur				10. Name and Address of New I			
	ither, Marilyn			81 Name				
766 CRESTWOOD ROAD				82 Street Ac	ddress (P.O. Box Number is Not Accep	able)		
ENGLEWOOD FL 34223				83			, , , , , , , , , , , , , , , , , , ,	
				04 05		Tot 7	~	
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authorized agent. Lam familiar with, and accompline objections of Section 607 0505, Florida Statutes.				84 City		FL I '	Code	
SIGNATURE S	iden OFFICERS	agent and title if applicable AND DIRECTORS	13.		quired when reinstating) ADDITUGHS/CHANGES TO OFF	T160	RS IN 12	
NAME	766 CRESTUR	100 120		NAME	766 Crestusons		,e	
STREET ADDRESS	ENG LEW	NO 22 3012	_	STREET ADDRESS City-St-Zip	Englewood, TI.	• •	• •	
City S1-ZiP Titlf	2000000	DEL		TITLE	C13	Change	Addition	
NAME			2.2	NAME				
STREET ADDRESS			2.3	STREET ADDRESS				
COLY ST-ZIE		☐ DELI		CITY-ST-ZIP TITLE		Change	Addition	
NAME		DEC	1	NAME		په دانه کې		
STREET ADDRESS			3.3	STREET ADDRESS				
CITY-ST-Z#				CITY-ST-ZIP				
TITLE		DEL	4	TITLE		Change	☐ Addition	
NAMÉ				NAME CTOCCT ADDRESS				
STREET ADDRESS CITY - ST - ZIP				STREET ADDRESS CITY-ST-ZIP				
TILLE	· · · · · · · · · · · · · · · · · · ·	☐ DEU		TITLE		Change	Addition	
				NAME				
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NAME STHEFT ADDRESS				STREET ADORESS				
1			5.3 5.4	STREET ADORESS CITY-ST-ZIP				
STREET ADDRESS		DEL	5.3 5.4			☐ Change	Addition	
STREET ADDRESS CHY-ST-ZIF		☐ DELF	5.3 5.4 ETE 6.1	CITY-ST-ZIP		Change	Addition	
STREET ADDRESS CHY-ST-ZIE TITLE		DELI	5.3 5.4 ETE 6.1 6.2 6.3	CITY-ST-ZIP TITLE		☐ Change	Addition	

4. 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 12 if changed, or on an attachment with an address.

SIGNATURE:

MADE AND THEO OR PRINTED NIGHT OF SIGNING OF

V 2/8/1/475.172