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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000070298 (0)
1. Corporation Name

NIGHTBIRD'S CAGE, INC.

Principal Place of Business

Mailing Address

2a. Mailing Address

27

Suite, Apt. #, etc.

4186 KENSINGTON ROAD TALLAHASSEE FL 32303

2. Principal Place of Business

Suite, Apt. #, etc.

4186 KENSINGTON ROAD TALLAHASSEE FL 32303-7668

FILED Apr 17 1997 8:00am Secretary of State



3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

Not Applicable

3. Date incorporated or Qualified

5. Certificate of Status Desired

08/23/1996

4. FEI Number

23 City & Star	it;	28	28			Trust Fund Contribution Added to Fees			
Ζ φ 	Country	hand hand hand		Country		8. This corporation has liability for intangible tax under s. 199.032,			
4 25 29 30 30 9. Name and Address of Current Registered Agent					Florida Statutes Yes No 10. Name and Address of New Registered Agent				
		it negistered Agei		81	Name	IV. Name and Addisse of New York	Istaron Whent		
BURKE, KARYN C 4186 KENSINGTON ROAD									
TALLAHASSEE FL 32303				82 Street Address (P.O. Box Number is Not Acceptable)					
				83					
				84	City		FL 85 Zip	Code	
11 0.000 000	to the evenisions of Sections 607 05	12 and 607 1500 E	lorida Statuton, the a	bo	nomed oor	poration submits this statement for the pu		te registered	
office or agent. La	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida, Such of ations of, Section 6	hange was authorize 07.0505, Florida Sta	d by tutes	the corpora	tion's board of directors. I hereby accept	the appointment as	registered	
SIGNATURE.	Signature typical of prices their of registered ag	ent and title if anoticable	(NOTE: Registere	d Ane	of signature regul	lifed when reinstating)	DATE		
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE		RS IN 12	
IRut	D		DELETE 1.1 Y	ITLE			Change	Addition	
NAME	BURKE, KARYN C		1.2 N	AME					
STREET ADDRESS	4186 KENSINGTON ROAD		1.3 \$	TREET	ADDRESS				
CHTY - ST - ZIP	TALLAHASSEE FL 32303	AHASSEE FL 32303		14 CiTY-ST-ZIP					
Tin:			DELETE 2.11	ITLE			Change	Addition	
NAME			2.2 N	AME	ĺ				
STREET ADORESS			2.3 \$	TREET	ADDRESS				
CHY-S1 701			2.40	CITY-S	ST-ZIP				
1006			DELETE 3.1 T	ITLE			☐ Change	Addition	
NAM!			32 N	AME	İ				
STREET ADDRESS			3.3 \$	TREET	ADDRESS				
C-FY - \$1 - 70P	}		3.4.0	CITY-S	ST- 21P				
THEF			DELETE 4.1 T	ITLE			☐ Change	Addition	
NAME			4.21	NAME					
STREET ADDRESS			4.3 S	TREET	address				
City - St - 71P				ITY - S	T-ZIP				
TITLE			DELETE 5.1 T	ITLE	7		☐ Change	Addition	
NAMí	}		5.2 N	AME					
STREET AD IBLISS			5.3 S	TREET	ADDRESS				
City St 7/2				ITY - S	T - ZIP				
101.1			DELETE 61T	ITLE	7		☐ Change	Addition	
NW:			6.2 N	AME	Ì				
STREET ADDRESS			6.3 \$	TREET	ADORESS				
CHY-St-ZIP			640	ITY-S	T-ZIP				
14. I do here	by certify that the information supplied	d with this filing do	es not qualify for the	exe	mption state	od in Section 119.07(3)(i), Florida Statutes at my signature shall have the same legal	. I further certify that	the	
Lam an c	officer or director of the corporation of un Block 12 or Block 13 if changed is	r the receiver or tru	stee empowered to	exec	ute this repo	ort as required by Chapter 607, Florida St	atutes; and that my	name	

SIGNATURE: Karyn C. Burke Haryn C. Burke 4/3/97 904-562-7104