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PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000081616 (0)

WILDLIFE ADVENTURES UNLIMITED, INC.

FILED Apr 23 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 3188 S.E. CR 21 8 3188 S.E. CR 21 B MELROSE FL 32868 MELROSE FL 32668 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/30/1996 2, Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3405363 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6, Election Campaign Financing \$5.00 May Be Added to Fees 23 Trust Fund Contribution 28 Zip Country Zio Country 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. ∏ No 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BREEDLOVE, CHARLES A 3188 SE CR 21 B 82 Street Address (P.O. Box Number is Not Acceptable) **MELROSE FL 32666** 83 84 City Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or proved home of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change Addition DELETE 1.1 TITLE TITLE BREEDLOVE, CHARLES A 1.2 NAME NAME 3188 SE CR 21 B STREET ADDRESS 1.3 STREET ADDRESS MELROSE FL 32666 CITY-ST-ZIP 1.4 CITY - ST - ZIP Change Addition DELETE TITLE 2.1 T(T) E 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - S1 - 2IP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 THLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITL€ 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-S1-ZIP

14. I 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 13 if changed, or or an attachment with an address.

Charle A A-m Ab

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CR2E034 (10/97)