

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

FILED
May 15 1997 8:00am
Secretary of State

DOCUMENT # P96000102126 (5)

1. Corporation Name
LION ROARS SAFARIS, INC.

Principal Place of Business

5225-303 EAST HARBOR VILLAGE RIVE
VERO BEACH FL 32967

Mailing Address

5225-303 EAST HARBOR VILLAGE RIVE
VERO BEACH FL 32967

3. Date Incorporated or Qualified
12/18/1996

3a. Date of Last Report

4. FEI Number

65-071-7208

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

21 505 BEACHLAND BLVD.

Suite, Apt. #, etc.

22 SUITE #1-219

City & State

23 VERO BEACH, FL

Zip

24 32963

Country

25 USA

2a. Mailing Address

26 505 BEACHLAND BLVD.

Suite, Apt. #, etc.

27 SUITE #1-219

City & State

28 VERO BEACH, FL 32963

Zip

29 32963

Country

30 USA

9. Name and Address of Current Registered Agent

SCOTT, SHEILA
5225-303 EAST HARBOR VILLAGE RIVE
VERO BEACH FL 32967

10. Name and Address of New Registered Agent

81 Name

SHEILA SCOTT

82 Street Address (P.O. Box Number is Not Acceptable)

505 BEACHLAND BLVD.

83

SUITE #1-219

84 City

VERO BEACH

FL

85 Zip Code

32963

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 of said firm and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and true if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
VD
PLAYFORD, GILBERT E
STREET ADDRESS
4773 SOUTH NEWPORT ISLAND DRIVE
CITY - ST - ZIP
VERO BEACH FL 32967

TITLE ☐ DELETE

NAME
D
BAILEY, DONALD C
STREET ADDRESS
28 PACHENA POINT ROAD
CITY - ST - ZIP
CAPE PROVINCE, SOUTH AFRICA

TITLE ☐ DELETE

NAME
PD
BAILEY, BRIAN
STREET ADDRESS
7 DURLAND CLOSE
CITY - ST - ZIP
MT. PLEASANT, HARARE, ZIMBABWE

TITLE ☐ DELETE

NAME
ST
SCOTT, MICHAEL J
STREET ADDRESS
709 WEST FISCHER CIRCLE
CITY - ST - ZIP
SEBASTIAN FL 32958

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. 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 it changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL J. SCOTT 4/30/97 561 564 2480

Date

Daytime Phone # 0012232

CR2E034 (9/96)