

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90165 028 ***150.00

DOCUMENT # P96000102126

1. Corporation Name
LION ROARS SAFARIS, INC.

Principal Place of Business

2920 CARDINAL DR
VERO BCH FL 32963
US

Mailing Address

505 BEACHLAND BLVD #1-219
VERO BEACH FL 32963
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/18/1996

4. FEI Number

65-0717208

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

SCOTT, SHEILA
505 BEACHLAND BLVD
STE 1-219
VERO BEACH FL 32963

10. Name and Address of New Registered Agent

81 Name

John Toner

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

2920 Cardinal Dr

83

84 City VERO BEACH

FL

85 Zip Code 32963

11. Pursuant to the provisions of Sections 607.0501 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 printed name of registered agent and title if applicable.

(NO) E. Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

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

TITLE D
NAME BAILEY, DONALD C
STREET ADDRESS 26 PACHENA POINT ROAD
CITY-ST-ZIP CAPE PROVINCE, SOUTH AFRICA

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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 12 or Block 13 if I change it, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

J.A. TONER

4-21-99

561-234-5266

CR2E034 (1/98)

0118105