

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

FILED

May 19 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000030341 (6)

1. Corporation Name

AMAZING ANIMAL ACTORS CORPORATION




Principal Place of Business <del>431 WEKIVA SPRINGS RD. LONGWOOD FL 32779</del>	Mailing Address <del>431 WEKIVA SPRINGS RD. LONGWOOD FL 32779</del>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 17951 SE CR 452 Suite, Apt. #, etc. 22 City & State 23 UMATILLA Florida Zip Country 24 32784 25		2a. Mailing Address 26 Same Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 04/03/1997 4. FEI Number 59 343 7872 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
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9. Name and Address of Current Registered Agent YOST, SIDNEY J 431 WEKIVA SPRINGS RD. LONGWOOD FL 32779 Delete		10. Name and Address of New Registered Agent 81 Name Chester ROTHBERG C.A.O. 82 Street Address (P.O. Box Number is Not Acceptable) 219 N. CLARA AVE 83 84 City Deland FL FL 85 Zip Code 32720	
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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  DATE 5/1/98

12. OFFICERS AND DIRECTORS TITLE D NAME YOST, SIDNEY J STREET ADDRESS 431 WEKIVA SPRINGS RD. CITY-ST-ZIP LONGWOOD FL 32779 <input checked="" type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE PRESIDENT/SECRETARY 12 NAME YVONNE FINSER 13 STREET ADDRESS 17951 SE CRy Rd. 452 UMATILLA FL. 14 CITY-ST-ZIP 32784 21 TITLE TREASURER 22 NAME JUSTIN FINSER 23 STREET ADDRESS SAME AS ABOVE 24 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 changed, or on an attachment with an address.

SIGNATURE: Yvonne Q Finser Pres. 4-24-98 32821-1234

CP2E034 (10/97)