PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris •

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P98000048952

AFRICAN WILDLIFE HERITAGE CALLECTIONS, INC.

Principal Place of Business	
1507 SE 15TH ST., #10	
ET LAUDEDDALE EL 3336	

FILED Mar 02, 1999 8:00 am **Secretary of State**

03-02-1999 90032 008 ***150.00



Mailing Address 1507 SE 15TH ST., #10 FT. LAUDERDALE FL 33316 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/29/1998 Applied For 2. Principal Place of Business 2a. Mailing Address 65-0842752 Not Applicable 26 21 \$8.75 Additional Svite, Apt. #, etc. Suite, Apt. #, etc. 5 Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign, Financing City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation owes the current year Intangible Country Country Zip - . -[] Yes Personal Property Tax. 30 25 24 10! Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent HUDSON, RODNEY M Street Address (P.O. Box Number is Not Acceptable) 82 1507 SE 15TH ST., #10 FT. LAUDERDALE FL 33316 83 Zip Code 84 City 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 printed name of registered agent and title if applicab E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition Change director of marketing DOELETE 11 TMLE TITLE 12 NAME Rodney Hudson NAME 1507 SE 15 ST 1.3 STREET ADDRESS STREET ADDRESS 333/6 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 21 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4CTY-ST-ZP CITY-ST-ZIP Addition Change 31 TILE -☐ DELETE TITLE 3.2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change - Addition DELETE 41 MLE TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐] Change DELETE 5.1 TITLE TITLE: 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change 6.1 ITILE T DELETE TITLE 6.2 NAME NAME 6.3 SYREET ADDRESS STREET ADORESS

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 eath; 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, with all other like empowered. CITY-ST-ZIP

6.4 CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

954 522 3090