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May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S99325

(0)

1. Corporation Name

CARROW'S WILDLIFE SERVICES, INC.

Principal Place of Business

5902 WOLF RD
ORLANDO FL 32808
US

Mailing Address

5902 WOLF RD
ORLANDO FL 32808-4216
US



3. Date Incorporated or Qualified

12/09/1991

3a. Date of Last Report

04/09/1996

2. Principal Place of Business

21 6544 Nightwind CR

2a. Mailing Address

26 6544 Nightwind CR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 ORLANDO FL

Zip

24 32818

Country

25 US

City & State

28 ORLANDO FL

Zip

29 32818

Country

30 US

4. FEI Number

59-3097621

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

9. Name and Address of Current Registered Agent

CARROW, EDWARD N.
5902 WOLF RD
ORLANDO FL 32808

10. Name and Address of New Registered Agent

81 Name

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

6544 Nightwind CR

84 City

ORLANDO

FL

85 Zip Code

32818

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

(NOTE: Registered Agent signature required when reinstating)

4/28/97
DATE

12. OFFICERS AND DIRECTORS

TITLE

D CARROW, EDWARD N.

STREET ADDRESS

5902 WOLF RD

CITY-ST-ZIP

ORLANDO FL

TITLE

D CARROW, DIANE

STREET ADDRESS

5902 WOLF RD.

CITY-ST-ZIP

ORLANDO FL

TITLE

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 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 changed, or on an attachment with an address

SIGNATURE

[Signature]

4-28-97
407 884-1662

CR2E034 (9/96)