

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **636403** (8)

1. Corporation Name: **AMERICAN ZOOLOGICAL RESEARCH CORP.**



Principal Place of Business: **1112 10TH STREET S.W. P.O. BOX 68 RUSKIN FL 33570**
Mailing Address: **1112 10TH STREET S.W. P.O. BOX 68 RUSKIN FL 33570**

3. Date Incorporated or Qualified: **09/17/1979** 3a. Date of Last Period: **01/18/1995**

2. Principal Place of Business: [21] State, Apt. #, etc. [22] City & State [23] Zip [24] Country [25]
2a. Mailing Address: [26] State, Apt. #, etc. [27] City & State [28] Zip [29] Country [30]

4. FEIN Number: **59-1933697** 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

**GORDON, ALBERT I.
625 EAST TWIGGS STREET
SUITE 101
TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name: []
82 Street Address (P.O. Box Number is Not Acceptable): []
83 []
84 City: [] **FL** 85 Zip Code: []

11. Pursuant to the provisions of Sections 607.0602 and 607.1506, 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 607.0609, Florida Statutes.

SIGNATURE:

Signature of the Corporation (to be signed by the President or Secretary)

Signature of Registered Agent (to be signed by the Agent)

DATE:

12. OFFICERS AND DIRECTORS		
TITLE	P WERNER, ARTHUR	<input type="checkbox"/> DELETE
NAME	910 S.W. 10TH AVENUE	
STREET ADDRESS	RUSKIN FL	
CITY, ST, ZIP	VS	
TITLE	ARNOLD, CARRIE A.	<input type="checkbox"/> DELETE
NAME	1015 RIVER DRIVE	
STREET ADDRESS	RUSKIN FL	
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY, ST, ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY, ST, ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Carrie A. Arnold*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Mrs. Carrie A. Arnold

2-27-96 813 645-1352
(Date) (Day, Month, Year)

CR2E034 (12/95)