


FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90032 033 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 706741

1. Corporation Name
HOMESTEAD RODEO ASSOCIATION, INC.

Principal Place of Business 1034 NE 8TH STREET P.O. BOX 1432 HOMESTEAD FL 33030	Mailing Address 1034 NE 8TH STREET P.O. BOX 1432 HOMESTEAD FL 33030
--	--



290594^M-90041-^Y38 4 *

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	3. Date Incorporated or Qualified 01/23/1964	4. FEI Number 59-1031008	Applied For <input type="checkbox"/> Not Applicable
22. Principal Place of Business	2b. Mailing Address	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	
23. Principal Place of Business	2c. Mailing Address	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		
24. Principal Place of Business	2d. Mailing Address			

9. Name and Address of Current Registered Agent PIERCE, JAMES R. JR. 48 N.E. 15TH ST. HOMESTEAD FL 33030	10. Name and Address of New Registered Agent 81 Name Harry F. Bostic 82 Street Address (P.O. Box Number is Not Acceptable) 28500 S. W. 212 Ave. 83 84 City Homestead FL 85 Zip Code 33030
--	--

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 617.0503, Florida Statutes.

SIGNATURE Harry F. Bostic Treasurer Harry F. Bostic 04-3-99 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FISCHER, ANDY 348 NW 17 ST HOMESTEAD FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PIWNIK, SHELDON 8300 SW 105 STREET HOMESTEAD FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COFFIN, NICK, JR. 16231 SW 281 STREET HOMESTEAD FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PIERCE, JR., JAMES R 48 N.E. 15TH ST. HOMESTEAD FL 33030 <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Treasurer Harry F. Bostic 28500 S. W. 212 Ave. Homestead, FL 33030 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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.

SIGNATURE: Harry F. Bostic **SIGNATURE REQUIRED** 3-2-99 305-247-5060

CR2E037 (1/98)