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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J06567 1. Corporation Name

RENCHINO AMUSEMENTS, INC.

FILED Feb 09, 1999 8:00am Secretary of State 02-09-1999 90015 008 ***150.00

) IEROI III	NO AWOOLMENTO, 1140.								
Principal Place	e of Business	Mailing Address				1 1901119 0111 09112 B1101 01119 01111 1001 01011	ankin årant arati d	1911 61811 1881	
% LESLIE MARIE ZACCHINI 1208 NORTH ORANGE AVE. SARASOTA FL 34236		% Leslie Marie Zacchini 1208 North Orange ave. Sarasota Fl. 34236			•				
						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 03/28/1986			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	Ap	plied For	-1
21		26				59-2678968		t Applicable	1
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required				
City & Stat	e	City & State			•	6. Election Campaign Financing	\$5.00	اخىـــBe	
23		28				Trust Fund Contribution	Added t	o Fees	
Zip	Country	Zip Country				8. This corporation owes the current year Intangible			
24	25	29	30	,		Personal Property Tax.	Yes	□No	
	9. Name and Address of Current	Registered Agent	·			10. Name and Address of New Registered	Agent		
740	OUBLI LEGUE MADIE			81	Name			}	
ZACCHINI, LESLIE MARIE 1208 NORTH ORANGE AVE.				82	Street Addr	ess (P.O. Box Number is Not Acceptable)	சும்நிராம் சீர்ம் அம்மும் ந	enter on 21/2 1/2 1/2 1/2	
SAR	ASOTA FL 34236			83					
				84	City	* 12 15 15 15 15 15 15 15 15 15 15 15 15 15	85 Zip (ode	
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation of the state of the stat	of Florida. Such change was a ions of, Section 607.0505, Flo	uthorized orida Stat	d by t utes.	the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the appoint of the purpose of the purp	pintment as re	jistered	
12.	OFFICERS ANI		13.	- ngun		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	Ş
TITLE	SD	☐ DELETE	1.1 TI	TLÉ		60 1 TOMB	Change	☐ Addition	7
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TITLE	D	☐ DELETE	2.1 ₹1	TLE			Change	☐ 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, with all other like empowered.

SIGNATURE

estie Zacchini 1-18-99