FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT # L

L68923

(6)

ANGUS RACING INC.

Principal Place of Business

Mailing Address

FILED Apr 06 1998 8:00am Secretary of State



20262 NE 15 COURT NORTH MIAMI BEACH FL 33179 20262 NE 15 COURT NORTH MIAMI BEACH FL 33179				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
				04/30/1990			
2. Principal Place of Business TH COUNT 26 ZOZGZ NK, 15th CT					4. FEI Number		Applied For
21) / - ((<u> </u>	65-0192237		Not Applicable
Suite, Apt. #, etc. 22 Suite, Apt. #, etc. 27					5. Certificate of Status Desired		Additional Required
23 NO. MIAMI ISCH, FL. 28 NO. MIAMI				3CH, F	6. Election Campaign Financing Trust Fund Contribution		May Be d to Fees
Zip 3179 Country SA · Zip 33179 Country SA · B. This corporation owes or has paid the current year Interest Personal Property Tax due June 30. Yes							Intangible No
9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent							
DAVID, RONALD L. 81 1							
				82 Streel Address (P.O. Box Number is Not Acceptable)			
SUITE 407 N. MIAMI BCH. FL 33179							
"	Imam DON 12 COTTO		84	City	FL.	85 Zı	p Code
11. Pursuant	to the provisions of Sections 607.0502 an	d 607.1508, Florida Statutes.	the abov	e-named co	prporation 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							
JOHNTONE	Signature, typed or printed name of registered agent and		legistered Ag	ent signature req	quired when reinstating) DATE		
12.	OFFICERS AND DI		13.		ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	P LEE HADDY	DELETE	1.1 TITLE			☐ Change	e 🔲 Addition 🕃
NAME	LEE, HARRY		1.2 NAME				
STREET ADDRESS	10130 SHERIDAN STREET POMBROKE PINES FL		1.4 CITY-5	ADDRESS			12
CITY-ST-ZIP TITLE	TOMONOIL TINES TE	DELETE	2.1 TITLE	51-214		Change	e
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET	ADDRESS			
CITY-ST-ZIP			2. 4 CITY -	ST-ZIP			
TITLE		☐ DFLETE	3.1 TITLE	$ \top$		Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			·
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE		L DELETE	4.1 TITLE			Change	e L_ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE1	ADDRESS			l
CITY-ST-ZIP		T or ere	4.4 CITY - 5	T-ZIP			
TITLE		DELETE	5.1 TITLE			Change	e L. Addition
NAME			5.2 NAME	į.			
STREET ADDRESS			5.3 STREET	1			
CITY-ST-ZIP		DELETE	5.4 CITY- S	T - ZiP		Change	2 Addition
TIFLE		☐ DETELE	6.1 TITLE	}		onange	/ LJ Addition
NAME STREET APPROVOS			6.2 NAME	ADDOCCO			
STREET ADDRESS		,	6.3 STREET				ļ
CITY-ST-ZIP			6.4 City - 9	1 · Z(P			

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 or an attachment with an address.

CICNIATION.

HONRY

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PRES.

. Who

(305)65120