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

**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **L68923**

1. Corporation Name

ANGUS F	RACING INC.									
Principal Place	of Business	М	 ailing Address			•	_{ 	IFI WI BIH WARTI	OLDIA DEBALADDA	
20262 NE 15 COURT 20262 NE 15 COURT NORTH MIAMI BEACH FL 33179 NORTH MIAMI BEACH FL 33179										
NOTITI MINMI O	SERON VE 00175	140	MILLION DELICITIES	. •			DO NOT WRITE IN THIS S	SPACE		
							3. Date Incorporated or Qualifed 04/30/1990			
2. Principal Pl	ace of Business	2a	Mailing Address				4, FEI Number	A	pplied For	
21		26					65-0192237	N	ot Applicable	
Suite, Apt.	#, etc	1	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional	
22	-	27					5. Certificate of Status Desired	Fee R	equired	
City & State	9		City & State				6. Election Campaign Financing	\$5.00	May Be	
23		28					Trust Fund Contribution	Added	to Fees	
Zip	Country		Zip	Countr	У		8. This corporation owes the current year Inta		_ [	
24	25 29 3					•	1 Significant reports	Yes	□No	
1	9. Name and Address of Curren	t Regi	stered Agent				10. Name and Address of New Registered A	Agent		
				8	1	Name			}	
DAVID, RONALD L.					2	Street Addre	ess (P.O. Box Number is Not Acceptable)		-	
1550 NE MIAMI GARDENS DR.				"	of other Address (1.0. Box Hallison to Horses and State and Horses (1.0. Box Hallison to Horses and Horses (1.0. Box Hallison to Horses and Horses (1.0. Box Hallison to Horses (1.0. Box Hall				į	
SUITE 407				8:	3					
N. M	IAMI BCH. FL 33179			L	4			ne   7:-	Codo	
				8-	4	City	FL	85   Zip	Code	
office or re	to the provisions of Sections 607.050, egistered agent, or both, in the State in familiar with, and accept the obliga	of Flori	da. Such change was autr	norizea o	yι	-named corpo he corporatio	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoin	changing its tment as re	s registered egistered	
SIGNATURE	Signature, typed or printed name of registered ager	nt and title	if anglicable (NOTE: Re	egistered Ag	ent	signature required	d when reinstating) DATE		ì	
12. OFFICERS AND DIRECTORS					-	oignature required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P		☐ DELETE	13.				☐ Change	☐ Addition	
NAME	LEE. HARRY			1.2 NAME						
STREET ADDRESS	10130 SHERIDAN STREET			13 STRE	FT/	ADDRESS				
	POMBROKE PINES FL				1.4 CITY-ST-ZIP					
CITY-ST-ZIP	TOTAL TRACOTE		☐ DELETE	2.1 TITLE		- <u> </u>		Change	☐ Addition	
NAME				2.2 NAME					ļ	
						ADORESS			1	
STREET ADDRESS		-	الماضوة ينسبه يا	2.4 CITY		,	-		- ' - ]	
CITY-ST-ZIP			☐ DELETE	3.1 TITLE		- 211		Change	☐ Addition	
			<u> </u>	3.2 NAME		ĺ			_	
NAME ATTEST ADDRESS				3.3 STREET ADDRESS		ADDRESS			ł	
STREET ADDRESS					3.3 STREET ADDRESS 3.4. CITY-ST-ZIP				1	
CITY-ST-ZIP	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			4.1 TITLE		- LIP		Change	[ ] Addition	
				4.1 III.E		.				
NAME						*DODECC				
STREET ADDRESS				4.3 STRE	±1∤	ADDRESS			I	

CITY-ST-ZIP 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 address, with all other like empowered.

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

62 NAME

DELETE

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

Change

☐ Change

Addition

Addition

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90221 008 \*\*\*150.00