

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

90 AUG 08 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
700001939517
-09/05/96--01045--005
*****8.75 *****8.75

DOCUMENT # P95000028069
1. Corporation Name
VONSEE RACING STABLES

Principal Place of Business: 1602 30th St. S.E. RUSKIN, FL 33570
Mailing Address: P.O. Box 5532 SUN CITY CENTER, FL 33571

2. Principal Place of Business: 21 1602 30th St. S.E., Suite Apt #, etc: 1
City & State: RUSKIN, FL
Zip: 33570 Country: HILLS
2a. Mailing Address: 26 P.O. BOX
Suite Apt #, etc:
City & State: 27 SUN CITY CTR, FL
Zip: 29 33571 Country: 30 HILLS

3. Date Incorporated or Qualified: 4-1-95
3a. Date of Last Report: 4-1-95
4. FEI Number: 593307153
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
**Charles J. Von See
P.O. Box 5532
Sun City Center, FL 33571**

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 607.0502 and 607.1508 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 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	DELETE
NAME	CHARLES J. VONSEE	
STREET ADDRESS	P.O. BOX 5532	
CITY, ST, ZIP	SUN CITY CTR., FL 33571	
TITLE	VICE-PRES	DELETE
NAME	SHIRLEY VONSEE	
STREET ADDRESS	P.O. BOX 5532	
CITY, ST, ZIP	SUN CITY CTR, FL 33571	
TITLE	TREASURER	DELETE
NAME	Charles J. Von See	
STREET ADDRESS	P.O. Box 5532	
CITY, ST, ZIP	Sun City Center, FL 33571	
TITLE	Secretary	DELETE
NAME	Shirley Von See	
STREET ADDRESS	P.O. Box 5532	
CITY, ST, ZIP	Sun City Center, FL 33571	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		Change	Add
12 NAME			
13 STREET ADDRESS			
14 CITY, ST, ZIP			
21 TITLE			
22 NAME			
23 STREET ADDRESS			
24 CITY, ST, ZIP			
31 TITLE			
32 NAME			
33 STREET ADDRESS			
34 CITY, ST, ZIP			
41 TITLE		Change	Add
42 NAME			
43 STREET ADDRESS			
44 CITY, ST, ZIP			
51 TITLE		Change	Add
52 NAME			
53 STREET ADDRESS			
54 CITY, ST, ZIP			
61 TITLE		Change	Add
62 NAME			
63 STREET ADDRESS			
64 CITY, ST, ZIP			

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-09/05/96--01045--005
*****225.00 *****225.00

14. I, the undersigned, certify that the information supplied in this annual report or supplement to annual report is true and accurate and that my signature shall have the same legal effect as if further certified by the informant and that the annual report or supplement to 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 or on an attachment with an address.

SIGNATURE: **Shirley Von See, Vice-Pres. SHIRLEY VONSEE** 8-24-96 813-641-1924

CR2E034 (3/96)