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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000 1. Corporation Name VON SEE RACING STABLES, INC. P95000028669 (6)

Feb 12 1998 8:00am Secretary of State

VOIN O	EC NACING STABLES, INC.				
Principal Place	o of Business	Mailing Address		- I INDIIONI IIA EDIAL DIKK ABIN ADNII AAN AAN	SPACE INDER ANSO MEISE INDE SENS
1602 30TH STREET S.E.		P.O. BOX 5532			•
SUITE 1		SUN CITY CENTER FL 33571		DO NOT WRITE IN TH	:
RUSKIN FL 33570				3. Date Incorporated or Qualified	IS SPACE
				04/07/1995	:
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Annlied For
21 1602 30THST. S.E.		26		59-3307153	Not Applicable
Suite, Apt. #, etc		Suite-Ant. #. etc.	7	5. Certificate of Status Desired	\$8.75 Additional
22		27 4.0.BOX	5532	6. Certificate of Status Desired	Fee Required
City State	1. 1. E	City & State	TO FI	6. Election Campaign Financing	\$5.00 May Be
23 KUSKINI / Z		28 SUN C1140	Country	Trust Fund Contribution	Added to Fees
Zop 24] 335	To Country	3357/ 2	HILLS.	This corporation owes or has paid the Personal Property Tax due June 30.	Ves No
24 5 5 5	g. Name and Address of Current	Registered Agent	7770-0-37	10. Name and Address of New Register	
VAI	N SEE, SHIRLEY	w	81 Name	x//a	<u> </u>
6002 30TH STREET SE			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
RUSKIN FL 33570			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
110	ordire ve occirc		83		•
			04 015		85 Zip Code
			84 City		-L
11. Pursuant	to the provisions of Sections 607,0502	and 607.1508, Florida Statutes,	the above-named corp	poration submits this statement for the purpos tion's board of directors. I hereby accept the	e of changing its registered
office or r	egistered agent, or both, in the State om familiar with and accept the obligation	of Florida. Such change was autl ions of∡Gection 607.0505, Floric	norized by the corporat la Statutes.		
SIGNATURE	Skuley Con	See Here	Pres.	<i>/-/3</i>	-98
SIGNATURE			egistered Agent signature requir		E
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PT	☐ DELETE	, 1.1 TITLE		Change Addition
RAME	VONSEE, CHARLES J		1.2 NAME		
STREET ADDRESS	P.O. BOX 5532		1.3 STREET ADDRESS		
CITY - ST - ZIP	SUN CITY CENTER FL 33571	DILETE	1.4 CITY - ST - ZIP		Change Addition
TITLE	VPS		2.1 TITLE		C Citalibe C Violitici
NAME	vonsee, shirley P.O. Box 5532		2.2 NAME		‡ -
STREET ADDRESS	SUN CITY CENTER FL 33571		2 3 STREET ADDRESS		
CITY-ST-ZIP	SON CITT CENTER TE 35371	DELETE	2. 4 CITY - ST - ZIP 3 1 TITLE		Change Addition
NAME		La secre	32 NAME		
STREET ADORESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4 1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		<u> </u>
TITLE		☐ DELET€	5.1 TITLE		Change Addition
NAME			5.2 NAME		:
STREET ADORESS			5.3 STREET ADDRESS		·
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		:
STREET ADDRESS			6.3 STREET ADDRESS		i
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
44 I hereby	certify that the information supplied wi	this filing does not qualify for I	he exemption stated in	Section 119.07(3)(i), Florida Statutes. I furthe	er certify that the Information

Thereby compliance report and supplied with this limit does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Turner certify that the information indicated on this annual report or suppliemental 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 charged, or on an attachment with an address.

Skuley Con See, Vice Pres