## 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

## FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90030 017 \*\*\*150.00

CR2E034 (11/98)

## DOCUMENT # P95000028669

VON SEE RACING STABLES, INC.

Principal Place	e of Business	wa	uling Adoress			
1602 30TH STREET S.E. STE 1			P.O. BOX 5532 SUN CITY CENTER FL 33571			DO NOT WRITE IN THIS SPACE
RUSKIN FL 33570						
US						3. Date Incorporated or Qualified
			_ <del></del>			04/07/1995
2. Principal Place of Business			2a. Mailing Address			4. FEI Number Applied For
21			26			59-3307153 Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired  \$8.75 Additional
22						5. Certificate of Status Desired
City & State			City & State			6. Election Campaign Financing \$5.00 May Be
23						Trust Fund Contribution Added to Fees
Zip	Country Zip		Zip	Country		This corporation owes the current year Intangible
	25 29 30				Personal Property Tax.   ✓ Yes   No	
24	9. Name and Address of Curi			<u>,                                     </u>		10. Name and Address of New Registered Agent
	9, Walle Blid Address of Sale	ent region	o oo rigon	81	Name	
VON	SEE, SHIRLEY			{ ,	1	
6002 30TH STREET SE			. 82 Street Ad			eet Address (P.O. Box Number is Not Acceptable)
RUSKIN FL 33570					<u> </u>	<u> </u>
RUS	KIN FL 33370			83		
				84	City	/ 85 Zip Code
100					0,	FL   S   E   S   S   S   S   S   S   S   S
11. Pursuant	to the provisions of Sections 607.0	502 and 60	7.1508, Florida Statutes	, the abov	e-named	ned corporation submits this statement for the purpose of changing its registered
office or re agent. I a	egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida gations of,	a. Such change was auth Section 607.0505, Florid	norized by la Statutes	the com	orporation's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered a	agent and title if	applicable. (NOTE: Re	egistered Age	nt signature	ture required when reinstating) DATE
12.	OFFICERS	AND DIREC	CTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PT		☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	VONSEE, CHARLES J			1.2 NAME		
STREET ADDRESS	P.O. BOX 5532			11STREE	TADDRESS	F88
	SUN CITY CENTER FL 3357	•		1.4 CITY-S		
CITY-ST-ZIP	VPS	<u>'</u>	☐ DELETE	2.1 TITLE	1-21	Change Addition
TITLE						
NAME	VONSEE, SHIRLEY			2.2 NAME		
STREET ADDRESS	P.O. BOX 5532			2.3 STREE	T ADDRESS	ESS
CITY-ST-ZIP	SUN CITY CENTER FL 3357	1		2.4 CITY-	ST-ZIP	
TITLE			☐ DELETE	3.1 TITLE		Change Addition
"NAME "			•	3.2 NAME		
STREET ADDRESS				3.3 STREE	T ADDRESS	ESS
CITY-ST-ZIP				3,4, CITY-5	ST-ZIP	
TITLE			☐ DELETE	4,1 TITLE		☐ Change ☐ Addition
NAME				4. 2 NAME		
STREET ADDRESS				4.3 STREE	T ADDRESS	FSS
J				4.4 CITY-S		
CITY-ST-ZIP TITLE			DELETE	5.1 TITLE	1-41	Change Addition
J				5.2 NAME		
NAME	•				TADDRESS	ree .
STREET ADDRESS						
CITY-ST-ZIP			□ pr:====	5.4 CITY+S	1-41	☐ Change ☐ Addition
TITLE			☐ DELETE	6.1 TTTLE		Change Addition
NAME				6.2 NAME		
STREET ADDRESS				6.3 STREE	TADDRESS	ESS
CITY-ST-ZIP				6.4 CITY-S	T-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 an address, with all other like empowered.