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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FL'ORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P96000036425**1. Corporation Name

**RUNNIN HORSE FARMS, INC.** 

## **FILED** Jan 22, 1999 8:00am **Secretary of State**

01-22-1999 90081 030 \*\*\*150.00



								<u> </u>	
Principal Place of Business Mailing Address							IN HEALT WATER MANA	E 11881 BILL 1881	
200 EAST LAS OLAS BLVD. STE 1800 200 EAST LAS OLAS BLVD.									
FORT LAUDERDALE FL 33301 FORT LAUDERDALE FL 33301						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed	3 SPACE		
						04/26/1996			
2 Principal Pi	face of Business	2a. Mailing Add	ress			4. FEI Number	A	pplied For	100
	Rece of Business		26			65-0666531		ot Applicable	-:
Suite, Apt.	#. etc.	Suite, Apt. #	, etc.		<del></del> .			Additional	
22	<i>n</i> 1 <b>0.0</b> 0	27	7			5. Certificate of Status Desired Fee Required			
City & State		City & State	City & State			6. Election Campaign Financing	-		
23		28		<del></del> -		Trust Fund Contribution		to Fees	
	Zip Country		Zip Country			8. This corporation owes the current year 1	nt year Intangible		
24	25   29   9. Name and Address of Current Registered Agent		30	.01		Personal Property Tax.  10. Name and Address of New Registered			
	9. Name and Address of Cur	rent Registered Agent		81	Name	In Hame and Address of them Nogistere	180111		
HAN	LEY, DAVID F								
	EAST LAS OLAS BLVD. STE	1800		82	Street Addre	Address (P.O. Box Number is Not Acceptable)			
FOR	T LAUDERDALE FL 33301			83			1. 13 173		
	•			84	City		85 Zip	Code	
					•	F	ᄂᆝᆝᆝ		
office or n	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obl	ate of Florida, Such chai	ide was authorize	ea by	tne corporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its pintment as re	s registered egistered	
SIGNATURE	,	•							
01010110112	Signature, typed or printed name of registered	··· · · · · · · · · · · · · · · · · ·			t signature required				8
12.		AND DIRECTORS	13		-	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12	(11/98)
TITLE	PSD DELETE			1.1 TITLE			☐ criange	☐ Addition	
NAME LOMBARDI, PETER				1.2 NAME					ප්
STREET ADORESS	200 E LAS OLAS BLVD., SU	HE 1800			ADDRESS				CR2E034
CITY-ST-ZIP	FT LAUDERDALE FL			CITY-SI TITLE	r-ZIP		☐ Change	Addition	Ö
TITLE		المحا	<del></del>						
NAME			2.2 NAME 2.3 STRE		AUUDEGG				l
STREET ADDRESS		,		CITY-S					ĺ
CITY-ST-ZIP			DELETE 3.1 TH		· <del>-</del>		☐ Change	Addition	ĺ
NAME	<del></del>			3.2 NAME					ĺ
STREET ADDRESS	,		3.3	STREET	ADDRESS			1	
CITY-ST-ZIP			3.4.	CITY-S	T-ZIP		1.	i .	
TITLE	-		DELETE 4.1	TITLE			☐ Change	☐ Addition	
NAME			4. 2	NAME				ľ	
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NAME				NAME					
STREET ADDRESS	N.E.				ADDRESS				
CITY-ST-ZIP				CITY-SI	r-ziP		□ Chanca	☐ Addition	
TITLE		L) [		NAME			☐ Change	☐ Addition	
NAME					ADDRESS				
STREET ADDRESS				SIKEEI	ADDRESS				ĺ

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 appaddress, with all other like empowered.