Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90001 021 ***300.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 366220

1. Corporation Name

THE ROYAL LIPIZZAN STALLIONS OF ALISTRIA, INC.

INE NO	TAL LIPIZZAN STALLIONS C	F AUSTRIA, INC.							
Principal Place	e of Business	Mailing Address					# 11#11 # #11 #1#11		
32755 SINGLET	ARY RD	32755 SINGLETARY RD							
32755 SINGLETARY RD		32755 SINGLETARY RD							
MYAKKA CITY FL 34251 MYAKKA CITY FL 34			l				RITE IN THIS	SPACE	
						3. Date Incorporated or Qualit	ea		
						06/24/1970	_		antiad For
2. Principal Place of Business		2a. Mailing Address			4. FEI Number		⊢	oplied For ot Applicable	
21 Suite Apt # ata		Suite Ast # ete			<u>59-1319756</u>	=		Additional	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	ı 🗆	•	equired	
City & State		City & State			& Election Compaign Figures			May Be	
<u> </u>	е .	⊢ '				6. Election Campaign Financia Trust Fund Contribution	^{ig} \square		to Fees
Zip	Country	28	Count	trv	<u></u>	8. This corporation owes the o	urrent vear in		
─ '	25	29	30	,		Personal Property Tax.	ditoin your in	Yes	□No
24	9. Name and Address of Current		1301			10. Name and Address of Ne	w Registered	Agent	
	5. Italiio and Madioso of Cameria		8	B1 N	Name				
MAC	LEOD, RHODERICK BENJAMIN								
	SOUTH ORANGE AVE.		8	82 5	Street Addre	ess (P.O. Box Number is Not Acc	eptable)		Ì
	ASOTA FL 33578		8	33			<u></u>		
-						<u></u>	_		
			· 8	84 (City		FL	85 Zip	Code
dd Directions	to the provisions of Sections 607.0502	and 607 1509 Florida Statut	ae tha aba		amed com	oration submits this statement for			registered
office or ri	egistered agent, or both, in the State o	of Florida. Such change was a	uthorized b	nv the	e corporatio	on's board of directors. I hereby ac	cept the appo	intment as re	egistered
	m familiar with, and accept the obligati	ions of Section 607 0505. Flo	rida Statute	20					i
agent. i ai		10/10 0/, 00040// 00/ 10000/ 1	Oldiul						
SIGNATURE							DATE		
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE	: Registered Ag		gnature required	d when reinstating)	DATE	ND DIRECTO	ORS IN 12
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE D DIRECTORS	: Registered Ag	gent siç	ignature required	d when reinstating) ADDITIONS/CHANGES TO		ND DIRECTO	ORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND	t and title if applicable. (NOTE	13.	gent siç	gnature required				
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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 on an attachment with an address, with all other like empowered.

SIGNATURE

Daytime Phone #