FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00	FILE	NOW:	<b>FILING</b>	FEE	<b>AFTER</b>	MAY	1ST IS	\$550.00
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	PROFIT RPORATION UAL REPORT 1999	DRATION  Katherine Harris  L REPORT  Secretary of State			E						
DOCU 1. Corporation LIGHTIN	IMENT # 55	1376									
	ce of Business		Mailing Address					######################################	FB18 B111 B1811	81811 WIDH B1811	BIRNI ASBII (BRI
29703 US 19 N CLEARWATER FL 34621			29703 US 19 N CLEARWATER FL 34621								
<b>000</b>	12 01021		OLCHANIEN PE SHOZI					DO NOT WRI	ITE IN THIS	SPACE	
								porated or Qualifed			
2. Principal I	Place of Business	·T	2a. Mailing Address				11/17/19 4. FEI Numbe			-1-1-	
21		F	26				59-1773			h	pplied For ot Applicable
Suite, Apt	. #, etc.		Suite, Apt #, etc.		• •						Additional
22	<del></del>		27				5. Certificate c	f Status Desired	[]		equired
City & Sta	ile	ŀ,	City & State					mpaign Financing	[ ]		May Be
<b>23</b> ] Zip	Country		Zip	Country				Contribution		· · · ·	to Fees
24	25	· ⊢		30	•		Personal Pr	ation owes the curr roperty Tax.	rent year in	Yes	[]No
	9. Name and Addre	ss of Current Re	gistered Agent					Address of New F	Registered		
DAC	COSTA, CARROLL C.			81	Name	<u> </u>					
	03 US 19 N			82	Street	Addres	s (P.O. Box Nun	nber is Not Accepta	able)	•	
CLE	ARWATER FL 34621			83							
				L .	]						
<i>r</i>				84	City				FI	85 Zip	Code
11. Pursuant	to the provisions of Sect	ions 607.0502 an	d 607.1508, Florida Statute orida Such change was au	s, the abov	I. e-named	Corpora	abon submits this	s statement for the	purpose of	<pre>'l   'changing its</pre>	registered
agent La	am familiar with, and acce	opt the obligations	orida Such change was au of, Section 607.0505, Flori	ithorized by ida Statutes	the corp	ioration'	s board of direct	ors. I hereby accep	ot the appoi	ntment as re	gistered
SIGNATURE	<del></del>	·									
12.	Signature, typed or printed name	of registered agent and I	·	Registered Ager	nt signature i	required w		CHANCES TO OF	DATE	D DIDEOTA	
TITLE	PTS		[] DELETE	1 1 1 1 1 LE			ADDITIONS	CHANGES TO OF	FICERS AF	Change	Addition
NAME	DACOSTA, CARROL			1 2 NAME	,						<b>1</b> _1,
STREET ADDRESS				13 STREET	TADORESS						
CITY-ST-Z₽	CLEARWATER FL 34	1621	·- · · · · · · · · · · · · · · · · · ·	14 CITY-S	T-ZIP	_					
TITLE	AVP		( DELETE	2 1 TITLE		AVP	, 			Change	[ ] Addition
NAME STOREST ADDRESS	Floyd, wayne e.   1606 Cambridge (	ND		2 7 NAME		FLOY	TO SOSE	RY RD -APT.	5204		
STREET ADDRESS City-St-ZiP	CLEARWATER FL	m.		23 STREE!		LA	RGO - FL	33770	•		
TITLE	AVP		LI DELETE	2 4 CITY-S 3 1 TITLE	1-210					[ ] Change	[ ] Addition
NAME	DACOSTA, EDWARD	)	_,	3.2 NAME						E Jonange	L_) Abdition
STREET ADDRESS	29703 US 19 NORTI	Н		33 STREET	ADDRESS						
CITY-ST-ZIP	CLEARWATER FL 34	1621		34 CITY-S	T-71P		0		a a		
TITLE			[   DELETE	4 1 TITLE		]		20000 11\90-	ソロローバ		Adonton
NAME				4 2 NAME					00.00	*****	
STREET ADORESS				43STREET				- Francisco	00.00	******	JU. UU
CITY-ST-ZIP TITLE			[] DELETE	4.4 CITY-ST 5.1 TITLE	-71P					[][	F 7 5 23
NAME			E) beter	5 2 NAME						[] Change	[ ] Addition
STREET ADDRESS				53STREET	ADDRESS :						
CITY-ST-ZIP				54 CITY-ST							
TITLE			[] DELETE	61 TITLE				<del></del>		[] Change	[] Addition
NAME				6 2 NAME					1	lot 1	

63 STREFT ADDRESS
64 CITY-ST-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 cert fy 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

SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING DEFICED OR PRINTED

SIGNATURE:

727-784-8593

## 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

DOCUMENT	#	G57490
1. Corporation Name		<b>GO!</b> 100

**EQUESTRIAN VENTURES, INC.** 

Principal Place	o of Rusiness	Mailing Address						II AEBII AE	EII DÌUII	
29703 US 19 N		29703 US 19 NORTH								
3315 US 19 NO		3315 US 19 NORTH								
CLEARWATER I	FL 34621	CLEARWATER FL 3462	l				DO NOT WRITE IN THIS :	SPACE		
US		US				3.	Date Incorporated or Qualifed			
							08/30/1983			
2. Principal P	lace of Business	2a. Mailing Address				4.	FEI Number	ļ <u>.</u>		ed For
21		26				ļ	59-233 1553			pplicable
Suite, Apt	#, etc.	Suite, Apt #, etc				5.	Certificate of Status Desired	\$8.7		
22		27				1		Fee	Requi	red
City & Stat	e	City & State				6.	Election Campaign Financing		)0 ма	
23		28				1	Trust Fund Contribution		ed to F	ees
Zφ	Country	Zφ	Cour	ııry		8.	This corporation owes the current year In a	ngible Yes	_	lNo .
24	25 9. Name and Address of Curre	nt Projectored Apont	[30]			-1 .	Personal Property Tax  Name and Address of New Registered A			
	9. Name and Address of Cure	nt Registered Agent		81	Name	10.	, Hame and Address of New Registered A	Sein		
DAC	OSTA, CARROLL C.									
	3 US 19 NORTH			82	Street Addre	ess (F	P.O. Box Number is Not Acceptable)			
	ARWATER FL 33515		+	83						
				٦٠						
,				84	City		FL	85 Z	ір Сос	le
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida St	atutes, the ab	l ove	e-named corpo	oration	in submits this statement for the purpose of c	ı ı hanging	its reg	gistered
office or r	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Ftorida. Such change wa	as authorized	by 1	the corporatio	in's bo	oard of directors. I hereby accept the appoin	ment as	regist	ered
SIGNATURE	Signature, typed or printed name of registered age		Service Title 1		t signature required		reinstativiqu DATE			
12.		ND DIRECTORS	13.	- Permi	t signature required		ADDITIONS/CHANGES TO OFFICERS AND	NIPEO	TOPS	: INI 12
TITLE	P	[_] DELETE		 F			ADDITIONS/CHANGES TO OFFICERS AND	Chan		Addition
NAME	DACOSTA, CARROLL C.	E	1.2 NA							
STREET ADDRESS	29703 US 19N.				ADDRESS					
CITY-ST-ZIP	CLEARWATER FL		14 CiT				800002907	148	- 3	-9
TITLE	OLD WITH LETT LE	[ ] DELETE					800002907 -06/17/990	1010	5e-01)	Addition
NAME			2.2 NA				****300.00	非来非常	150	J <b>.</b> 00
STREET ADDRESS			1		ADDRESS					
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TITLE		[] DELETE			1-24			[] Chan	oe	Addition
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NAME		[] 051010	4 2 NA					_,,-		
STREET ADORESS					ADDRESS					
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		L., OCCUTE	52 NA					_ , J-1011	o -	. ,
NAME STOREST ADDRESS					ADDRESS					[
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		CT OCCETE	62 NA				LA LA	7.	9~	[].100.001
NAME					ADDRESS		( <b>\P</b> )	Ź١		
STREET ADDRESS			64 Cit		l l		$\sim$	<b>%</b> ۱۱	l	]
CITY-ST-ZIP			64 CII	1.21	- Z1F"			_		1

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 niy name appears in Block 12 or Block 13 if changed, or on a partiaching at with fin address, with all other like empowered

SIGNATURE:

SIGNATURE: