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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9500005542 (4)

FRANK ALEXANDER RACING STABLE, INC.

Principal Place of Business

Mailing Address

84 WESTWOOD CIRCLE EASTHILLS NY 11577 84 WESTWOOD CIRCLE EASTHILLS NY 11577-1825

## FILED Apr 29 1997 8:00am Secretary of State



3. Date Incorporated or Qualified 3a. Date of Last Report

|  |   |                     |               |                                  | 11/13/1995   | 04/29/199      | 96`          |  |
|--|---|---------------------|---------------|----------------------------------|--|----------------|--------------|--|
| 2. Principal Pl  | lace of Business  | 2a. Mailing Address |               | 4. FEI Number                    | <u> </u>   | Applied For    |              |  |
| 21   |   | 26                  |               | <u>52-1154724</u>                |  | Not Applicable |              |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc. |               | 5. Certificate of Status Desired | \$8.75   | Additional     |              |  |
| 22   |   | 27                  | iii.          |                                  | 5. Certificate of Ciatos Desired                                       | Fee            | Required     |  |
| City & State   |   | City & State        | <u>├</u> ¬ ′  |                                  | 6. Election Campaign Financing   | - +            |              |  |
| 23   |   | 28                  |               |                                  | Trust Fund Contribution  | Added to Fees  |              |  |
| Zip  | Country   |                     |               | y                                | 8. This corporation has liability for intangible tax under s. 199.032, |                |              |  |
| 24   | 25 29 30 30 9. Name and Address of Current Registered Agent |                     | 30]           |                                  | Florida Statutos Yes No  10. Name and Address of New Registered Agent  |                |              |  |
| A DI   |   | r negistered Agent  | 81            | Name                             |  |                |              |  |
| ABDALE, BETTY L<br>20904 LEEWARD CT #221   |   |                     |               | or regime                        |  |                |              |  |
| AVENTURA FL 33180  |   |                     | 82 Street Add |                                  | ess (P.O. Box Number is Not Acceptable                                 | le)            |              |  |
| AVENIUMA FL 33100  |   |                     | 83            | 83                               |  |                |              |  |
| ī  |   |                     | 00            |                                  |  |                | }            |  |
| `  |   |                     | 84            | 84 City FL 85 Zip Code           |  |                |              |  |
| 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered        |   |                     |               |                                  |  |                |              |  |
| agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  |   |                     |               |                                  |  |                |              |  |
| SIGNATURE Signature, typod or product name of orgistered agoral and life it applicable (NOT), Registered Agard signature required when renstating)  DATE   |   |                     |               |                                  |  |                |              |  |
| 12.  |   |                     | 13.           | on organization                  | ADDITIONS/CHANGES TO OFFIC   |                | OFS IN 12    |  |
| TITLE  | CPT   | DELETE              | 1.1 TITLE     |                                  |  | ☐ Chang        | (            |  |
| NAME   | ALEXANDER, FRANK  | FRANK 1.21          |               |                                  |  |                | ]            |  |
| STREET ADDRESS   | AA MEATMAAD AIDALE  |                     | 1.3 STREET    | T ADDRESS                        |  |                |              |  |
| CITY-ST-ZIP  | PACTURE CAIV 44577  |                     | 1.4 CiTY - 9  |                                  |  |                | [ ]          |  |
| TITLE  | ٧T  | ☐ DELF1E            | 2.1 TITLE     |                                  |  | Change         | e Addition   |  |
| NAME   | ALEXANDER, LINDA  |                     | 2.2 NAME      |                                  |  |                | Ì            |  |
| STREET ADDRESS   | 84 WESTWOOD CIRCLE 23S                                      |                     | 2.3 STREE     | 1 ADDRESS                        |  |                |              |  |
| CITY-ST-ZIP  | CACTURE C NV 44522  |                     | 2. 4 CITY-    | ST-7IP                           |  |                |              |  |
| TITLE  |   | DELETE              | 3.1 TITLE     | <del></del>                      |  | Change         | e 🔲 Addition |  |
| NAME   |   | 32                  |               |                                  |  |                |              |  |
| STREET ADDRESS   | 335   |                     | 3 3 \$1REF    | T ADDRESS                        |  |                | ]            |  |
| CITY-ST-ZIP  | 3.4.6   |                     | 3.4. CITY-    | ST-ZIP                           |  |                |              |  |
| TITLE  |   | ☐ DELETE 4.1        |               |                                  |  | Change         | e 🔲 Addition |  |
| NAME   |   |                     | 4. 2 NAME     |                                  |  |                |              |  |
| STREET ADDRESS   |   |                     | 4.3 STREE1    | 1 ADDRESS                        |  |                | į            |  |
| CITY-ST-ZIP  |   |                     | 4.4 CITY - 3  | ST-ZIP                           |  |                |              |  |
| TITLE  | DELETE 5.1 F  |                     | 5.1 TOLE      |                                  |  | ☐ Chang        | e Addition   |  |
| NAME   |   |                     | 5.2 NAME      |                                  |  |                |              |  |
| STREET ADDRESS   |   |                     | 5.3 STREET    | T ADDRESS                        |  |                | ļ            |  |
| CITY-ST-ZIP  |   | 5.4.0               |               | ST-ZIP                           |  | 4              |              |  |
| TITLE  |   | ☐ DELETE 611        |               |                                  |  | ☐ Chang        | e 🔲 Addition |  |
| NAME   |   |                     | 6.2 NAME      |                                  |  |                |              |  |
| STREET ADDRESS   |   |                     | 6 3 S1REF     | T ADDRESS                        |  |                |              |  |
| CITY-ST-ZIP  |   |                     | 6.4 C/TY-5    | ST - ZIP                         |  |                |              |  |
| 14. I do 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 trusted 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, open an attachment with an address.  |   |                     |               |                                  |  |                |              |  |