PROFIT CORPORATION ANNUAL REPORT 1999

DOCUMENT #

1. Corporation Name



F97000003929

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 19, 1999 8:00 am Secretary of State 04-19-1999 90005 031 ***150.00

SERENDIPITY EQUESTRIAN PRODUCTS, LT	ID., INC.			A SECURE AND ADDRESS OF THE SECURE SECURE		(4)6 (8)] 1881
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Principal Place of Business Mailin	g Address			- I I BENITED ITAN INNI INNI NURTH WOLL HOLL BOAR ONLY	COLOR HILL TEHR I	\$ 0 46
	_					
PO BOX 61565 PO BOX 61565 FT MYERS FL 33906 FT MYERS FL 33906						
				DO NOT WRITE IN THIS	SPACE	
				3. Date Incorporated or Qualifed		
				07/28/1997 4. FEI Number	- I Ann	olied For
Principal Place of Business 2a. Mailing Address				1		Applicable
21 26				13-3269702	\$8.75.A	
	ite. Apt. #, etc.	-		5. Certificate of Status Desired	Fee Rec	
22 27	ty & State			6 Flortion Compaign Financing	\$5.00	
01.7 4 01.010	ly & State			6. Election Campaign Financing Trust Fund Contribution	Added to	
23	n C	Country		8. This corporation owes the current year Int	tangible	
¬⁻′	30			Personal Property Tax.		□No
24 25 29 29 9. Name and Address of Current Registers		<u> </u>		10. Name and Address of New Registered	Agent	
3	T-1111	81	Name	-		
MATTER, SUSAN		82	Stroot Addre	ess (P.O. Box Number is Not Acceptable)		
11350 METRO PKWY., #194		62	Street Addre	- '		
FT MYERS FL 33912		83				
		24	014.		85 Zip C	ode
		84	City	FL	_ '	
Pursuant to the provisions of Sections 607.0502 and 607. office or registered agent, or both, in the State of Florida. agent. I am familiar with, and accept the obligations of, Se SIGNATURE Signature, typed or printed name of registered agent and title if apprentices.		naioles.	tne corporatio	when reinstating) DATE		
12. OFFICERS AND DIRECT		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12 I
TITLE P	☐ DELETE 1.	.1 TITLE	4		C 0	
NAME MATTER, SUSAN			1		Change	Addition
NAME MATTER, SUSAIT	1.	.2 NAME			Change	
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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, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP