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

**PROFIT** CORPORATION ANNUAL REPORT

1999

DOCUMENT # G27010

1. Corporation Name CANNON EQUINE ENTERPRISES, INC.



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90031 013 \*\*\*150.00

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Principal Place of Business Mailing Address												
35 S.E. 7TH ST. P O BOX 1812												
DANIA FL 33004			DANIA FL 33004				DO NOT WRITE IN THIS SPACE					
		US					a Date Inco	rporated or Qualifed	TE IN TING	J. ACE	· ·-	
							03/09/1	•		•		
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2. Principal Pl	ace of Business	2a.	Mailing Address							ļ <del>-</del>	Applied	
21		26					59-2268	5550			Not App	
Suite, Apt.	#, etc.	;	Suite, Apt. #, etc.				5. Certifcate	of Status Desired		•	<b>5</b> Addition Requires	
22		27										-
City & State	e	L, '	City & State				<b>*</b>	Campaign Financing		•	<b>)0</b> May I	
23		28					Trust Fun	d Contribution		Adde	ed to Fee	S
Zip	Country		Zip Country				8. This corporation owes the current year Intangible					
24	25	29		30			Personal Property Tax.   ☐ Yes □ No					
	9. Name and Address of Curre	nt Registe	ered Agent		Ц,		10. Name an	d Address of New I	Registered A	<u>igent</u>		
					81	Name						
SANTANGELO, CARL G.					82 Street Address (P.O. Box Number is Not Acceptable)							
BLDG. 2 STE. #200					52 Street Address (P.O			onibor io riot / tocop.				
3000	N. FEDERAL HWY				83				••			
FT. L	AUDERDALE FL 33306				Ш		<u></u>			<del></del>		
					84	City			FL	85 Z	ip Code	
	to the provisions of Sections 607.05	02 and 60	7 1509 Florido Statut	lac the al	hove	a-named come	oration submits t	his statement for the		changing	its regis	tered
office or n	egistered agent or both in the State	of Fiorida	i. Such change was a	nimorized	1 OV	the corporation	n's board of dire	ctors. I hereby acce	ot the appoin	tment as	register	ed
agent. I a	m familiar with, and accept the obliga	ations of, S	Section 607.0505, Flo	orida Stati	utes							ļ
SIGNATURE									DATE			
	Signature, typed or printed name of registered age				Agen	t signature required		S/CHANGES TO OF		D DIBEC	TORS	u 12
12.	OFFICERS A	NO DIKEC	DELETE	13.	T. C		AUDITION	S/CHANGES TO OF	FICENS AN	Chan		Addition
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6.4 CITY-ST-ZIP CITY-ST-ZIP 14. 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.

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR