FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 8:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J01688 (7)

1. Corporation Name
FIVE STAR RODEO, INC.

Principal Place of Business	Mailing Address
17300 PINES BLVD. P. O. BOX 820010 SOUTH FLORIDA FL 33082-7010	17300 PINES BLVD. P. O. BOX 820010 SOUTH FLORIDA FL 33082-7010

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/03/1986
3a. Date of Last Report: 04/22/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 59-2658446 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip — 24: 33082-0010 — Country — 25
Zip — 29: 33082-0010 — Country — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WEEKLEY, WAYNE D.
17300 PINES BLVD.
PEMBROKE PINES FL 33029

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	WEEKLEY, TROY	12 NAME		
STREET ADDRESS	1201 SW 130 AVE.	13 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	WEEKLEY, DANIEL D.	22 NAME		
STREET ADDRESS	5450 SW 148TH AVE	23 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL	24 CITY-ST-ZIP		
TITLE	SD	31 TITLE		☒ Change ☐ Addition
NAME	WEEKLEY, WAYNE D.	32 NAME		
STREET ADDRESS	2933 NO. EDGEHILL LANE	33 STREET ADDRESS	12151 S.W. 51st Place	
CITY-ST-ZIP	COOPER CITY FL	34 CITY-ST-ZIP	Cooper City, FL 33330	
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	PARRISH, DONALD D.	42 NAME		
STREET ADDRESS	12761 SW 15TH MANOR	43 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Wayne D. Weekley — 2-1-95 — 305-437-8800
SIGNATURE AND TYPED OR PRINTED NAME OF AUTHORIZED OFFICER OR DIRECTOR — Date — Daytime Phone #

011995 CP