

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J01688

(7)

1. Corporation Name

FIVE STAR RODEO, INC.



Principal Place of Business

17300 PINES BLVD.
P. O. BOX 820010
SOUTH FLORIDA FL 33082-7010

Mailing Address

17300 PINES BLVD.
P. O. BOX 820010
SOUTH FLORIDA FL 33082-7010

3. Date Incorporated or Qualified
03/03/1986

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 20855 S.W. 36th STREET

Suite, Apt. #, etc.

22

23 City & State
FORT LAUDERDALE, FL

24 Zip
33332

25 Country
U.S.A.

2a. Mailing Address

26 P.O. BOX 820010

Suite, Apt. #, etc.

27

28 City & State
SOUTH FLORIDA, FL

29 Zip
33082-0010

30 Country
U.S.A.

4. FEI Number

59-2658446

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

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)
20855 S.W. 36th STREET

83

84 City

FORT LAUDERDALE,

FL

85 Zip Code
33332

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, typed or printed name of registered agent, and the applicable

date. Registered Agent's signature not required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME WEEKLEY, TROY
STREET ADDRESS 1201 SW 130 AVE.
CITY-ST-ZIP DAVIE FL

TITLE D ☐ DELETE
NAME WEEKLEY, DANIEL D.
STREET ADDRESS 5450 SW 148TH AVE
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE SD ☐ DELETE
NAME WEEKLEY, WAYNE D.
STREET ADDRESS 12151 SW 51ST PLACE
CITY-ST-ZIP COOPER CITY FL

TITLE D ☐ DELETE
NAME PARRISH, DONALD D.
STREET ADDRESS 12761 SW 15TH MANOR
CITY-ST-ZIP DAVIE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS 4931 S.W. 198th TERRACE
14 CITY-ST-ZIP FORT LAUDERDALE, FL. 33332

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP ☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP ☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP ☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP ☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP ☐ Change ☐ Addition

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)(k), 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 attached sheet with an address.

SIGNATURE: Wayne D. Weekley, Sec./Treas.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-96

Date

954-389-5311

Daytime Phone #

CR2E034 (12/95)