

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90014 026 ***158.75

DOCUMENT # J01688

1. Corporation Name
FIVE STAR RODEO, INC.

Principal Place of Business
20855 SW 36TH ST
FT LAUDERDALE FL 33332
US

Mailing Address
PO BOX 820010
SOUTH FLORIDA FL 33082-0010
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/03/1986

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 owes the current year intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 **20855 S.W. 36th Street**
Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

23 **Weston, FL**

27 City & State

28

24 Zip Country

25 **33332 U.S.**

29 Zip Country

30

9. Name and Address of Current Registered Agent

WEEKLEY, WAYNE D.
20855 SW 36TH ST
FT LAUDERDALE FL 33332

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
Weston

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **WEEKLEY, TROY**
STREET ADDRESS **4931 SW 198TH TERR**
CITY-ST-ZIP **FT LAUDERDALE 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 **632 BEDFORD AVE**
CITY-ST-ZIP **WESTON 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

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **4840 S.W. 188th Ave**
3.4 CITY-ST-ZIP **Fort Lauderdale, FL 33332**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-99

Date

(954) 389-5311

Daytime Phone #

CR2E034 (1/98)

0176875