

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 10: 01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K56508

(0)

1. Corporation Name

BRUCE NICKELLS RACING STABLES, INC.

Principal Place of Business

3700 N.E. 29TH AVE.
LIGHTHOUSE POINT FL 33064

Mailing Address

3700 N.E. 29TH AVE.
LIGHTHOUSE POINT FL 33064

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/09/1989

3a. Date of Last Report

05/25/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

65-0088425

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KOFSKY, DAVID ALAN C
3440 HOLLYWOOD BLVD
STE. 450
HOLLYWOOD FL 33021

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

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME NICKELLS, BRUCE K.
STREET ADDRESS 3700 N.E. 29TH AVE.
CITY - ST - ZIP LIGHTHOUSE PT. FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE STD
NAME NICKELLS, BRUCE S.
STREET ADDRESS 3700 N.E. 29TH AVE.
CITY - ST - ZIP LIGHTHOUSE PT. FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE V
NAME NICKELLS, JOANNE
STREET ADDRESS 3700 N.E. 29TH AVE.
CITY - ST - ZIP LIGHTHOUSE PT. FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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 attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRUCE K. NICKELLS

4-28-95

407.496.3492

Date

Telephone Number