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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P13195

(3)

DOCUMENT #

ON THE VERGE RACING, INC.

Principal Place of Business 6265 SUN BLVD #107G

Mailing Address

6265 SUN BLVD #107G



ST. PETERSBURG FL 33715		ST. PETERSBURG FL 33715							
						3. Date incorporated or Qualified 02/10/1987	3a. Date 06	of Las /21/1	
2. Principal Pla	ce of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number			Applied For
21		26			34-1490133			Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	ertificate of Status Desired Security \$8.75 Additional Fee Required			
City & State		City & State			6. Election Campaign Financing S.00 May Be Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Cou	ntry		8. This corporation has liability for i	ntangible ta	x unde	rs 199.032,
24	25	29	30			Florida Statutes 🔲 Yes			
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New R	egistered A	\gent	· · · · · · · · · · · · · · · · · · ·
				81	Name				
	ON, V. LEE JR			82	Street Add	Iress (P.O. Box Number is Not Acceptab	le)		
6265 SUN BLVD #107G					Olicol 7lod	iodiess (1.5. Box Hamber to Hot Hoospitally)			
ST. PETE	RSBURG FL 33715			в3					
				64	City		FL	85	Zip Code
44.5		1007 1500 Ft 11 O		Ш				1, 1,	
SIGNATURE	ed agent, or both, in the State of Florid n, and accept the obligations of, Sect Signatura, typed or printed name of registered agent					ration submits this statement for the pur and of directors. I hereby accept the apport	DATE	registe	red agent. I am
12.	OFFICERS AN		13.	Ago:	k agracule require	ADDITIONS/CHANGES TO OFF		DIREC	TORS IN 12
TITLE	PD	☐ DELETE	1. 1 7(7)		T	7,00110100111102010011		Chang	
NAME	PERKINSON, V. LEE., JR.	-	1.2 N				_	_	
STREET ADDRESS	6265 SUN BLVD. #107G				ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CIT						
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NAME	PERKINSON, V. LEE., JR.			2.2 NAME			_	_	
STREET ADDRESS	6285 SUN BLVD. #107G			2 3 STREET ADDRESS					
City - ST-ZiP	ST. PETERSBURG FL			2 4 CiTY - ST - ZIP					
TITLE	SC	☐ DELETE 3.1						Chan	ge Addition
NAME	PERKINSON, JANE						_	-	-
STREET ADDRESS	6265 SUN BLVD #107G		32 N/ 33 S		F ADDRESS				
CITY - ST - ZIP	ST PETERSBURG FL		3.4 CI		1				
TITLE	D	DELETE	4.1 T		·····			Chan	ge 🔲 Addition
NAME	PERKINSON, V. LEE., SR.	_	4.2 N				_		_
STREET ADURESS	6265 SUN BLVD #107G				ADDRESS				
CITY-S1-ZIP	ST PETERSBURG FL				IT-ZIP				
TITLE		DELETE	5 1 T					Chan	ge 🔲 Addition
NAME		-	5.2 N				_	_	- -
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			. I		it-ZIP				
THE		☐ DELETE	6 1 T		···		Ī	Chan	ge 🔲 Addition
NAME		—	62 N				_	_	- -
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP					IT-ZIP				
	codify that the information rupplied	with this films is voluntarily furn				for the exemption stated in Section 119.	07/3)/k) Flo	rida St	abiton 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 eath; 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:

6/3 867 /59/ Daytime Phone N