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May 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT • 1997

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



DOCUMENT # P94000003985

1. Corporation Name  
SUNRISE RACING STABLE, INC.

Principal Place of Business Mailing Address  
10848 N.W. 26 ST. 10848 N.W. 26 ST.  
SUNRISE, FL 33322 SUNRISE, FL 33322

3. Date Incorporated or Qualified 01/07/94 3a. Date of Last Report 05/01/96

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 25 Country 29 Zip 30 Country

4. FEI Number 65-0470903  
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

10. Name and Address of New Registered Agent

RITVO, TIMOTHY  
10848 N.W. 26 ST.  
SUNRISE, FL 33322

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS  
11 TITLE ☐ DELETE  
NAME TIMOTHY RITVO  
STREET ADDRESS 10848 N.W. 26 ST.  
CITY-STATE-ZIP SUNRISE, FL 33322  
11 TITLE ☐ DELETE  
NAME KATHERINE RITVO  
STREET ADDRESS 10848 N.W. 26 ST.  
CITY-STATE-ZIP SUNRISE, FL 33322  
11 TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
11 TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
11 TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
11 TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-STATE-ZIP  
21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-STATE-ZIP  
31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-STATE-ZIP  
41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-STATE-ZIP  
51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-STATE-ZIP  
61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-STATE-ZIP

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\*\*\*165.00

14. I do 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.

SIGNATURE: Timothy Ritvo Katheri Ritvo  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-97  
Date Daytime Phone #

CR2E034 (9/96)