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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



H ORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P9400035876 (9)

ORANGE COUNTY FAIR, INC.

## FILED Feb 10 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 7120 LAKE ELLENOR DR. P.O. BOX 55 ORLANDO FL 32809 ORLANDO FL 32803 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/09/1994 2. Principal Place of Business 2a. Mailing Address Applied For 21 59-3245977 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zıp Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. 30 Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BENITEZ, AGUSTIN J 7120 LAKE ELLENOR DR. 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32809 83 84 City 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, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change > Addition ASD Strates, Phyllis R. NAME STRATES, PHYLLIS R 1.2 NAME 7120 Lake Ellenor Drive STREET ADDRESS 7120 LAKE ELLENOR DR 1.3 STREET ADDRESS 32809 Orlando, FL ORLANDO FL 32809 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE ☐ DELETE 2 1 TITLE Change Addition STRATES, JAMES E NAME 2.2 NAME 7120 LAKE ELLENOR DR STREET ADDRESS 2.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE 3 1 TITLE ASD Magid, Susan Strates Addition STRATES, MAGID S NAME 32 NAME 7120 Lake Ellenor Drive 7120 LAKE ELLENOR DR. STREET ADDRESS 3.3 STREET ADDRESS ORLANDO FL Orlando, FL CITY - ST - ZIP 3 4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition STRATES, JOHN E 4. 2 NAME 7120 LAKE ELLENOR DRIVE STREET ADDRESS 4.3 STREET ADDRESS ORLANDO FL CITY - ST - 7IP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE T Change Addition STRATES: DOREMUS S NAME 5.2 NAME Doremus, Sibyl Strates 7120 Lake Ellenor Drive STREET ADDRESS 7120 LAKE ELLENOR DRIVE 5.3 STREET ADDRESS ORLANDO FL. CITY-ST-ZIP Orlando, FL 32809 5.4 CITY-ST-ZIP DELETE TITLE 61 TITLE Change Addition STRATES, JAY E 62 NAME Benitez, Agustin J. 7120 LAKE ELLENOR DRIVE 7120 Lake Ellenor Drive Orlando, FL 32809 STREET ADDRESS 6.3 STREET ADDRESS **ORALNDO FL** CITY-ST-ZIP

14. Thereby 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 emplowered 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: