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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000035876**1. Corporation Name

ORANGE COUNTY FAIR, INC.

FILED

Jan 26, 1999 8:00am **Secretary of State**

01-26-1999 90033 028 ***150.00



	·						
Principal Place of Business Mailing Address							
		P.O. BOX 55			·		
ORLANDO FL 32809 ORLANDO FL 32803				DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed	E III TIIIO OT 710E	·]
	,				05/09/1994		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	T Ā	pplied For
21		26			59-3245977	N	ot Applicable
Suite, Apt.	#, etc.	- Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75	Additional
22	•	27			5. Certificate of Status Desired	Fee R	equired
City & Stat	te	City & State			6. Election Campaign Financing	1 1	May Be
23		28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Country	y	8. This corporation owes the curre	· <u>-</u>	
24	25		30		Personal Property Tax. 10. Name and Address of New Re	☐ Yes	□No
	9. Name and Address of Curren	nt Registered Agent	81	Name	10. Name and Address of New Re	egistered Agent	
REN	ITEZ, AGUSTIN J	one in the second of the seco	["	Name		1 8 5	·
) LAKE ELLENOR DR.	•	82	Street Addre	ess (P.O. Box Number is Not Acceptat	ole)	
	ANDO FL 32809			3		2. 10 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
•			"	1		the fell of the	送款特
	1		84	City		85 Zip	Code
Office or r	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obliga	of Fiorida, Such change was au	inonzea av	r me comonano	pration submits this statement for the pon's board of directors. I hereby accept	purpose of changing its the appointment as re	s registered egistered
adenti i a	ım tarmılar witir, and accept the obliga	ilions of, Section out outo, floir	ua Statutes	3 .			
							}
SIGNATURE	Signature, typed or printed name of registered ager				when reinstating)	DATE	· ·
	Signature, typed or printed name of registered ager				when reinstating) ADDITIONS/CHANGES TO OFF		ORS IN 12
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SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable. (NOTE: I	Registered Age	ent signature required	***************************************	ICERS AND DIRECTO	
SIGNATURE 12. TITLE	Signature, typed or printed name of registered ager OFFICERS AN ASD STRATES, PHYLLIS R	nt and title if applicable. (NOTE: I	13. 1.1 TITLE 1.2 NAME	ent signature required	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTO	
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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: 4