FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 8:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000043582 (3)

1. Corporation Name

WOMEN'S THOROUGHBRED ACTION LEAGUE, INC.

Principal Place of Business	Mailing Address
9472 SW 52 STREET COOPER CITY FL 33083	9472 SW 52 STREET COOPER CITY FL 33083

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/07/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 21001 NW 27 AVE	26 P.O. Box 1808
Suite, Apt #, etc 22	Suite, Apt #, etc 27 Carol City Branch
City & State 23 MIAMI FL	City & State 28 Opa Locka FL
Zip 24 33056 · Country 25 USA	Zip 29 33055-0508 · Country 30 USA

4. FEI Number: 65-0499246 ☐ 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

KOLARIK, JEANNE M
9472 SW 52 STREET
COOPER CITY FL 33083

10. Name and Address of New Registered Agent

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: Jeanne M Kolarik — Jeanne M Kolarik Pres — 5-1-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 TITLE	☐ Change ☐ Addition
NAME	KOLARIK, JEANNE M	1 NAME	
STREET ADDRESS	9472 SW 52 STREET	1 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL 33083	1 CITY-ST-ZIP	
TITLE	VD	2 TITLE	☐ Change ☐ Addition
NAME	SCOTT, JANE C	2 NAME	
STREET ADDRESS	9472 SW 52 STREET	2 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL 33083	2 CITY-ST-ZIP	
TITLE	STD	3 TITLE	SD ☒ Change ☐ Addition
NAME	LEWIS, BARBARA B	3 NAME	Delores E. Zavash
STREET ADDRESS	9472 SW 52 STREET	3 STREET ADDRESS	4100 E. Sailboat Drive
CITY-ST-ZIP	COOPER CITY FL 33083	3 CITY-ST-ZIP	Cooper City, FL 33026
TITLE		4 TITLE	TD ☐ Change ☒ Addition
NAME		4 NAME	Debbie Cabana-Silveira
STREET ADDRESS		4 STREET ADDRESS	8919 Palm Tree Lane
CITY-ST-ZIP		4 CITY-ST-ZIP	Pembroke Pines, FL 33024
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 CITY-ST-ZIP	

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(1)(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: Debbie Cabana Silveira — Debbie Cabana Silveira 5-1-95 305-433-5720

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0235110 CP