

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

90 AUG 08 AM 9:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
700001939517  
-09/05/96--01045--005  
\*\*\*\*\*8.75 \*\*\*\*\*8.75

DOCUMENT # **P95000028069**  
1. Corporation Name  
**VONSEE RACING STABLES**

Principal Place of Business  
**1602 30th ST. S.E.  
RUSKIN, FL  
33570**

Mailing Address  
**P.O. BOX 5532  
SUN CITY CENTER, FL  
33571**

2. Principal Place of Business  
21 **1602 30th ST. S.E.**  
Suite Apt #, etc  
22 **1**

2a. Mailing Address  
26 **P.O. BOX**  
Suite Apt #, etc  
27

City & State  
23 **RUSKIN, FL**  
City & State  
28 **SUN CITY CTR, FL**

Zip Country  
24 **33570** 25 **HILLS**  
29 **33571** 30 **HILLS**

3. Date Incorporated or Qualified  
**4-1-95**

3a. Date of Last Report  
**4-1-95**

4. FFI Number  
**593307153**

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  
**Charles J. Von See  
P.O. Box 5532  
Sun City Center, FL 33571**

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 \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE  DELETE  
NAME **PRESIDENT CHARLES J. VONSEE**  
STREET ADDRESS **P.O. BOX 5532**  
CITY, ST, ZIP **SUN CITY CTR., FL 33571**

TITLE  DELETE  
NAME **VICE-PRES SHIRLEY VONSEE**  
STREET ADDRESS **P.O. BOX 5532**  
CITY, ST, ZIP **SUN CITY CTR, FL 33571**

TITLE  DELETE  
NAME **TREASURER Charles J. Von See**  
STREET ADDRESS **P.O. Box 5532**  
CITY, ST, ZIP **Sun City Center, FL 33571**

TITLE  DELETE  
NAME **Secretary Shirley Von See**  
STREET ADDRESS **P.O. Box 5532**  
CITY, ST, ZIP **Sun City Center, FL 33571**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  Change  Add/Dele  
12 NAME  
13 STREET ADDRESS  
14 CITY, ST, ZIP **700001939517**  
15 TITLE  
16 NAME  
17 STREET ADDRESS  
18 CITY, ST, ZIP  
19 TITLE  Change  Add/Dele  
20 NAME  
21 STREET ADDRESS  
22 CITY, ST, ZIP  
23 TITLE  Change  Add/Dele  
24 NAME  
25 STREET ADDRESS  
26 CITY, ST, ZIP  
27 TITLE  Change  Add/Dele  
28 NAME  
29 STREET ADDRESS  
30 CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied in this annual report or supplement to annual report is true and accurate and that my signature shall have the same legal effect as if further certified by the informant, and certify that this annual report or supplement to 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 or on an attachment with an address.

SIGNATURE: **Shirley Von See, Vice-Pres. SHIRLEY VONSEE** 8-24-96 813-641-1924  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)