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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

P95000073818 (3)

FLORIDA THOROUGHBRED SALES COMPANY

Principal Place of Business

Mailing Address

FILED Feb 19 1998 8:00am Secretary of State



111 MADISON ST SUITE 2300 TAMPA FL 33602		\$	111 MADISON ST SUITE 2300 TAMPA FL 33602					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified								
									09/20/1995							
2. Principal Place of Business				2a. Mailing Address					4. FEI N						TAI	pplied For
21 400 North Tampa Street				26 Post Office Box 1531					NO	T AP	PLICA	BLE			N	ot Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certif					1	8.75	Additional
22 Suite 2300				27					9. Certi	icate of	Olaida L	7031100		'	Fee R	equired
City & State				City & State					6. Electi		. •	•				Мау Ве
23 Tampa, Florida Zip Country				28 Tampa, Florida Zip Country					 		ontribution					to Fees
Zip 3360:		25 US	29	33601			s			nal Prop	oerty Tax	due Ju	เกอ 30.		es [tangible] No
		81	Name		10. Nam	ano A	aaress	OT NOW	Hegiste	erea Age	nt					
THAYER, STELLA F							IVALITIE									
111 MADISON ST									dress (P.O. Box Number is Not Acceptable) North Tampa Street							
SUITE 2300 TAMPA FL 33602								INC)I UII	ramp	a Di	rree	: L			-
IAN	MPA FL 330			83	نىدا	te	2300									
						84								FL	- 1	Code
11. Pursuant I	to the provisi	ions of Sections 607.0502	and 6	07.1508, Florida	Statutes	the abov	Tan	COLDO	ration subr	nits this	stateme	nt for th	A DUITO	ee of che	anning i	502 ts registered
office or re	egistered ag	ent, or both, in the State the and accept the obligation	of Floric	da. Such change	e was au	thorized b	y the cor	poratio	n's board o	of direct	ors. I he	reby ac	cept the	appoint	ment as	registered
•	iri igriinico iii	in, and accept the obliga	(10113-01	, 0001011 007.00	, r 1011	oa omioic	J.									
SIGNATURE	Signature, typed	or printed name of registered agen	it and title	if applicable.	(NOTE:	Registered Ag	ent signatur	e required	when reinstati	ng)			DA	ATE		
12.		OFFICERS AND	DIREC			13.			ADDIT	ONS/CI	HANGES	TO OF	FICERS	AND DI		IS IN 12
TITLE	D			☐ DELE	TE	1.1 TITLE								EX.	Change	Addition
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CITY-ST-ZIP	<u>Tampa i</u>	FL 33602		- Design	-	1.4 CITY-	ST-ZIP	Tam	pa, I	<u>lor</u>	<u>ida</u>	336	02		<u>.</u>	
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NAME				_ 000	12	3.2 NAME									Onlings	L.J ROUMON
STREET ADDRESS						3.3 STREET	. YDDDEGG									
CITY-ST-ZIP						3.4. CITY-										
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TITLE				☐ DELE	TE	6.1 TITLE									Change	Addition
NAME						6.2 NAME										
STREET ADDRESS						6.3 STREET	ADDRESS									
CITY-ST-ZIP						6.4 CITY - S	T-ZIP									

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.

CR2E034 (10/9