

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90258 003 \*\*\*150.00

DOCUMENT # P96000081651

1. Corporation Name

HORSESHOEING BY TOM MEISTER INC.

Principal Place of Business

3971 N.W. 108 AVENUE  
CORAL SPRINGS FL 33065

Mailing Address

3971 N.W. 108 AVENUE  
CORAL SPRINGS FL 33065

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/02/1996

4. FEI Number

65-0705013

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 711 SW 56 Ave

Suite, Apt. #, etc.

City & State

23 Margate

Zip

24 33068

Country

25 Broward

2a. Mailing Address

26 711 SW 56 Ave

Suite, Apt. #, etc.

City & State

28 Margate

Zip

29 33068

Country

30 Broward

9. Name and Address of Current Registered Agent

MEISTER, TOM  
3971 N.W. 108 AVENUE  
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name

Meister Tom

82 Street Address (P.O. Box Number is Not Acceptable)

711 SW 56 Ave

84 City

Margate

FL

85 Zip Code

33068

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME MEISTER, TOM  
STREET ADDRESS 3971 N.W. 108 AVENUE  
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE D ☐ DELETE  
NAME MEISTER, COLLEEN  
STREET ADDRESS 3971 N.W. 108 AVENUE  
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Meister, Tom ☒ Change ☐ Addition  
1.2 NAME 711 SW 56 Ave  
1.3 STREET ADDRESS Margate, FL 33068  
1.4 CITY-ST-ZIP

2.1 TITLE Meister, Colleen ☒ Change ☐ Addition  
2.2 NAME 711 SW 56 Ave  
2.3 STREET ADDRESS Margate, FL 33068  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-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, with all other like empowered.

SIGNATURE:

Signature, typed or printed name of signing officer or director  
Meister

4/19/99 (954) 790-6747  
Date Daytime Phone #

CR2E034 (11/98)