05-04-1999 90102 009 ***158.75

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**

DOCUMENT # P97000035210

NEW JAI-ALAI, INC.

Principal Place of Business Mailing Address								///	illit Abit 1881
5858 NW 80TH AVE RD.		5858 NW 80							
OGALA FL 34482		OCALA FL 34482							
US		US	US			DO NOT WRITE IN THIS SPACE			
		•				3. Date Incorporated or Qualifed 04/18/1997			
2. Principal Place of Business		2a. Mailing Address				4. FEI Number		Apr	olied For
─ ─ ` .		— ·	26			65-0119568		\vdash	Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				<u>_</u> \$	<u> </u>	dditional
22			27			5. Certifcate of Status Desired	X a	Fee Red	
City & State			City & State			6. Election Campaign Financing		55.00	Mav Be
23		28	28			Trust Fund Contribution		Added to	· 1
Zip	Country	Zip		Country	'	8. This corporation owes the current	year Intangil		
24	25	29	3	0		Personal Property Tax.		res	™ No
	9. Name and Address of Currer	nt Registered Ag	ent			10. Name and Address of New Rec	istered Age	nt	
				81	Name				
HARNEY, FRED			-	82	Street Ad	Idress (P.O. Box Number is Not Acceptable			
5858 NW 80TH AVE RD				"	Cirotina		.,		,
OCALA FL 34482				83					
* .i				84	City		8:	5 Zip C	ode
				04	City		FL "	<u> </u>	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508,	Florida Statutes	, the abov	e-named co	rporation submits this statement for the pu	rpose of char	iging its	registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such	change was auti	horized by	the corpora	ation's board of directors. I hereby accept t	ne appointme	nt as reg	Jistered
	The state of the s								
SIGNATURE	Signature, typed or printed name of registered agei	nt and title if applicable.	(NOTE: R	egistered Age	nt signature requ	uired when reinstating)	DATE		
12.	OFFICERS AN	ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	PD		☐ DELETE	1.1 TITLE				Change	☐ Addition
NAME	HARNEY, FRED			1.2 NAME					
STREET ADDRESS	5858 NW 80TH AVE RD.			1.3 STREE	T ADDRESS				
CITY-ST-ZIP	OCALA FL 34482			1.4 CITY-S	T-ZIP				
TITLE	\Q/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		DELETE	2.1 TITLE				Change	☐ Addition [
NAME	BRESMAN LED //		•	2.2 NAME					
STREET ADDRESS	5856 ATMAGOTH AVE BU			2.3 STREE	T ADDRESS				
CITY-ST-ZIP	0CAZA FL-34482			2.4 CITY-	ST-ZIP				<u></u>
TITLE	SD		☐ DELETE	3.1 TTLE				Change	☐ Addition
NAME	LACHANCE, MURIEL			3.2 NAME		•	•		Ì
STREET ADDRESS	5858 NW 80TH AVE RD.			3.3 STREE	TADDRESS				
CITY-ST-ZIP	OCALA FL 34482			3.4. CITY-	ST-ZIP				
TITLE	TD		☐ DELETE	4.1 TITLE				Change	☐ Addition
NAME	FIELDING, EDWARD			4. 2 NAME					
STREET ADDRESS	5858 NW 80TH AVE RD.			4.3 STREE	T ADDRESS				
CITY-ST-ZIP	OCALA FL 34482			4.4 CITY-5		·			
TITLE	•		DELETE	5.1 TITLE	-		· 🗆	Change	☐ Addition
NAME				5.2 NAME	[,		ļ
STREET ADDRESS				5.3 STREE	TADORESS				
CITY-ST-ZIP	•			5.4 CITY- 8	T-ZIP				
TITLE			☐ DELETE	6.1 TITLE				Change	Addition
	and the name of			6.2 NAME					

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP 4:

352-351-2666