

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  
Mar 25, 1999 8:00 am  
Secretary of State

03-25-1999 90019 030 \*\*\*150.00

DOCUMENT # P97000037109

1. Corporation Name

FLORIDA HORSE FARM, INC.

Principal Place of Business

~~3400 S. TAMiami TRAIL, SUITE 303-  
SARASOTA FL 34239~~

Mailing Address

~~3400 S. TAMiami TRAIL, SUITE 303-  
SARASOTA FL 34239~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/25/1997

4. FEI Number

65-0750387

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 5177 Castello Dr.

Suite, Apt. #, etc.

22 Suite 1

City & State

23 Naples, FL

Zip

24 34103

Country

25 USA

2a. Mailing Address

26 5177 Castello Dr.

Suite, Apt. #, etc.

27 Suite 1

City & State

28 Naples, FL

Zip

29 34103

Country

30 USA

9. Name and Address of Current Registered Agent

~~JAENSCH, P. CHRISTOPHER-  
3400 S. TAMiami TRAIL, SUITE 303-  
SARASOTA FL 34239~~

no longer Reg. Agent

10. Name and Address of New Registered Agent

81 Name JAMES W. AMBURN

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

83 5177 CASTELLO DR

84 SUITE 1

85 City NAPLES

FL

86 Zip Code 34103

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, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

James W. Amburn

(NOTE: Registered Agent signature required when reinstating)

DATE

3/18/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D HEGI, PETRA

STREET ADDRESS 3400 S. TAMiami TRAIL, SUITE 303-

CITY-ST-ZIP SARASOTA FL 34239

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

RITTERFELDDAMM 35A  
BERLIN, GERMANY 14089

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

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:

Petra Hegi, Director

Date

941-649-1152

Daytime Phone #

CR2E034 (11/98)

0477072