SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name	P97000046738	(5)
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FILED Aug 19 1998 8:00am Secretary of State

ALIDAN	BLOODSTOCK, INC.	· · /			
Ė					
Principal Plac	e of Business	Mailing Address			II bidid a ilii 10000 iriti idib ibur
250 NE 205 AV WILLISTON FL		250 NE 205 AVE WILLISTON FL 32696		DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualified	
2. Principal P	lace of Business	2a, Mailing Address		05/23/1997 4. FEI Number	Applied For
21 1324	16 CR 103	26 132A6 CR	103	59-3459585	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	ORD, FL	28 OX FOOD,	FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 344°	84 25 USA	29 34484	30 USA	8. This corporation owes or has paid the c Personal Property Tax due June 30.	urrent year intangible Yes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registere	d Agent
	OPER, MICHAEL J		81 Name		
	NE 205 AVE		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
WILL	list o n fl 32896-				
			83		
			84 City	F	85 Zip Code
11. Pursuant	to the provisions of spations 607 0602	and 607 1509 Florida Statute	os the about pamed corne	•	
office or	registered agent, or both, in the State of	if Florida. Such change was :	authorized by the corporati	ration submits this statement for the purpose of on's board of directors. I hereby accept the app	ointment as registered
-	em familiar with, and accept the obligat	ions of, section 607.0505, FI	orida Statutes.		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (No	OTE: Registered Agent signature requ	uired when reinstating) DATE	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	ND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	ROWAN, DANA		1.2 NAME	7211 00 107	8
STREET ADDRESS	250 NE 205 AVE		1.3 STREET ADDRESS	3246 CR 103 XFORD FL 34424	L
CITY-ST-ZIP	WILLISTON FL 32696		1.4 CITY-ST-ZIP	KFORD, FL 34401	 (
TITLE		L DELETE	2.1 TITLE	·	Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME		[] Dece is	3.2 NAME		Change [Addition
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP					
T.T. F			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME		DELETE	6.1 TITLE 6.2 NAME		Change Addition
		☐ DELETE	6.1 TITLE		Change Addition

4. 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.

ICHATURE, & DOMA STINGSTONE

352 321 4402

CR2E034 (5/98)