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

<u>19</u>98

DOCUMENT # P97000087253 (5)

| SCUDERIA CAVALLINO RAMPANTE, INC. | | | | | | | | | | | |
|--|------------------------|---------|-------------|--|--------------------|-------------------------------|---------------------------------------|----------------------|--|-------------------------------------|-----------------------|
| Principal Plac | ce of Business | | М | lailing Address | | | | | -{ | i i 18010 1180 1 0 18 | 100 tari 1001 |
| 1330 HIGHWAY SOUTH WACHULA FL 33073 | | | | 1330 HIGHWAY SOUTH WACHULA FL 33073 | | | | | DO NOT WRITE IN THIS | ŞPACE | |
| | | | | | | | | | 3. Date Incorporated or Qualified 10/08/1997 | | |
| 2. Principal Place of Business | | | | 2a. Mailing Address | | | | | 4. FEI Number | <u> </u> | oplied For |
| Suite. Apt. #. etc. | | | | Suite, Apt. #, etc. | | | | | | | ot Applicable |
| 22 | . #, U IL/. | | 27 | | | | | | 5. Certificate of Status Desired | \$8.75 A | Additional equired |
| City & Sta | City & State | | | City & Státe | | | | | 6. Election Campaign Financing | \$5.00 | |
| 23 | | | 28 | | | | | | Trust Fund Contribution | Added t | |
| Zip | Country | | | ¬ ' — | | Country | | | 8. This corporation owes or has paid the cur | | tangible □ No |
| 25 25 Name and Address of Current | | | 29 Regis | | | | | | Personal Property Tax due June 30. L 10. Name and Address of New Registered | | |
| SH | HERMAN, MITC | | <u> </u> | | | 81 | 1 | Name | | | |
| 301 YAMATO ROAD | | | | ļ | | | 2 | Street Addre | ss (P.O. Box Number is Not Acceptable) | | |
| SUITE 1200 | | | | | | | | | a (To Fox (to Fox I have a fox | | |
| BC | OCA RATON F | L 33431 | | | | 83 | 3 | | | | |
| | | | | | | 84 | 4 | City | FL 85 Zip Code | | |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida, Such change was authorize | | | | | | ne abov | ve- | named corpo | | 7 1 | ls registered |
| office or registered agent, or both, in the State of Florida. Such change was authorize agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida State | | | | | | | oy II os. | the corporatio | on's board of directors. I hereby accept the app | iointment as | registered |
| SIGNATURE Signature typed or product name of regulared agent and title if applicable [NOTE Register | | | | | | | | t signature required | id when reinstating) DATE | | |
| 12. OFFICERS AND | | | | | | 13. | | - | ADDITIONS/CHANGES TO OFFICERS AND | | |
| TITLE | | | | ☐ DÉLETE 1,11 | | | | | | ☐ Change | Addition |
| NAME STREET ADDRESS 333 SOUTH CONGRESS AVEN | | | 11 IE (| IE SHITE 402 R | | | | IDDRECO. | | | |
| CITY-ST-ZIP DELRAY BEACH FL 33445 | | | | , · | | | 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | | | | |
| TITLE | | | | DELETE | 2.1 TITLE | | ZIF | | Change | Addition | |
| NAME | 1 . | DAUID. | | <u>—</u> |]; | 22 NAME | | | | | |
| STREET ADDRESS 1330 HIGHWAY SOUTH | | | | | 2.3 STREET ADDRESS | | | DORESS | | | |
| CITY-ST-ZIP WACHULA PL | | | | | | | 2. 4 CITY - ST - ZIP | | | | · |
| TITLE | | | | DELETE 3.1 | | | | 1 | | Change | Addition |
| NAME | | | | | | 3.2 NAME | | | | | |
| STREET ADDRESS | | | | | - 1 | 3.3 STREE | | Į. | | | * |
| CITY-ST-ZIP | | | | DELETE | | 3.4. CITY-ST-ZIP 4.1 TITLE | | ·ZIP | | Change | Addition |
| NAME | | | | | | 4. 2 NAME | | | | | |
| STREET ADDRESS | | | | | | 4.3 STREE | | DORESS | | | |
| CITY-ST-ZIP | | | | | | 4.4 CITY- | · \$1 - | - ZIP | | | |
| TITLE | | | | DELETE 5.1 | | | 5.1 TITLE | | | Change | Addition |
| NAME | | | | | 5 | 5.2 NAME | : | | | | |
| STREET ADDRESS | | | | | - 1 | 5.3 STREE | | 4 | | | |
| CITY-ST-ZIP | | | | DELETE | | 5.4 CITY -: | | ·ZIP | | T Change | Addition |
| TITLE NAME | | | | L. J DELGIE | | 6.1 TITLE 6.2 NAME | | | | L Change | L. Augmon |
| STREET ANDRESS | 1 | | | | | 0.2 NAME 63 STREE | | 000000 | | | |

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 or powered 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 pradgress.

NATURE.

11/1 JOB 201-742-39

FILED

Apr 30 1998 8:00am

Secretary of State