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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000098555 (0)

OSCEOLA COUNTY FAIR, INC.

Principal Place of Business		Mailing Address			r 1900: Con 110 12144 12011 2011 0011 0011 0011 001
7120 LAKE ELLENOR ORIVE ORLANDO FL 32809		P O BOX 55			
		ORLANDO FL 32903			DO NOT WRITE IN THIS SPACE
1					3. Date Incorporated or Qualified
					11/17/1997
2. Principal Place of Business		2a. Mailing Address			4. FEI Number Applied For
21		26			59-3482748   Not Applicable
Suite, Apt #, etc		Suite, Apt. #, etc. 27]			5. Certificate of Status Desired Security \$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees
Zip 24	Country 25	2)p 30	Countr	У	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No
	g. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered Agent
BENITEZ, AGUSTIN J 7120 LAKE ELLENOR DRIVE			81	Name	
			82 Street Add		Address (P.O. Box Number is Not Acceptable)
į ORI	LANDO FL 32809			1	grappite to the second
			BS	Ί	
			84	City	FL 85 Zip Code
11. Pursuant office or ragent. La	to the provisions of Sections 607 Oblegistered agent, or both, in the State of familiar with, and accept the obleging	32 and 607.1508, Florida Statutes, → of Florida Such change was auth pations of, Section 607.0505, Florid	the above orized by a Statute	re-named y the cor es.	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or payled name of regalered by	gent auct title diapph rable (NOTE Ro	egistered Ap	ent signature	e required when reinstaling) DATE
12.	OFFICERS AN	VD DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<del>-10-</del>	☐ DELETE	1.1 TITLE		DP Addition
NAME	STRATES, E. JAY J		1.2 NAME		Strates, E. Jay
STREET ADDRESS 7120 LAKE ELLENOR DRIVE			13 STREET ADDRESS		7120 Lake Ellenor Drive
CITY-ST-ZIP	ORLANDO FL 32809		14 CITY-	ST-ZIP	Orlando, FL 32809

DELETE X Change Addition TITLE 21 TITLE MAGID, SUSAN S 2 2 NAME Magid, Susan Strates NAME 7120 LAKE ELLENOR DRIVE 2 3 STREET ADDRESS 7120 Lake Ellenor Drive STREET ADDRESS ORLANDO FL 32809 Orlando, FL 32809 CITY-ST-ZIP 2 4 CITY-ST-ZIP Addition DELETE Change 3.1 THILE TITLE Ð. DOREMUS, SIBYL S 3.2 NAME NAME Doremus, Sibyl Strates 7120 LAKE ELLENOR DRIVE 7120 Lake Ellenor Drive Orlando, FL 32809 STREET ADDRESS 3.3 STREET ADDRESS ORLANDO FL 32809 CITY-ST-ZIP 3.4. CITY-ST-ZIP X Addition DELETE Change 4.1 TITLE TITLE 4. 2 NAME Benitez, Agustin J. NAME 7120 Lake Ellenor Drive STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Orlando, FL 32809 DELETE ☐ Change 32 Addition 51 TITLE AS 52 NAME NAME Strates, James E. 5.3 STREET AODRESS STREET ADDRESS 7120 Lake Ellenor Drive CITY-ST-ZIP 5.4 CITY-ST-ZIP Orlando, FL 32809 DELETE Change Addition TITLE 6.1 TITLE AS NAME 6.2 NAME Strates, John E. STREET ADDRESS 6.3 STREET ADDRESS 7120 Lake Ellenor Drive

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Finda Statutes. I further certify that the information indicated on this annual report or suppliemental 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 it changed, or on an attachment with an address 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated

**FILED** 

Feb 10 1998 8:00am

Secretary of State