

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

**FILED**  
**Feb 10 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000098555 (0)**  
 1. Corporation Name  
**OSCEOLA COUNTY FAIR, INC.**



Principal Place of Business <b>7120 LAKE ELLENOR DRIVE ORLANDO FL 32809</b>	Mailing Address <b>P O BOX 55 ORLANDO FL 32803</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/17/1997</b>	
21. Suite, Apt #, etc.	22. City & State	26. Suite, Apt #, etc.	27. City & State	4. FEI Number <b>59-3482748</b>	Applied For Not Applicable
23. Zip	24. Country	28. Zip	29. Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>BENITEZ, AGUSTIN J 7120 LAKE ELLENOR DRIVE ORLANDO FL 32809</b>				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83. City	
				84. City	<b>FL</b> 85. Zip Code

9. Name and Address of Current Registered Agent  
**BENITEZ, AGUSTIN J  
7120 LAKE ELLENOR DRIVE  
ORLANDO FL 32809**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	<b>FL</b> 85. Zip Code

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

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STRATES, E. JAY J</b>	1.2 NAME	<b>Strates, E. Jay</b>
STREET ADDRESS	<b>7120 LAKE ELLENOR DRIVE</b>	1.3 STREET ADDRESS	<b>7120 Lake Ellenor Drive</b>
CITY-ST-ZIP	<b>ORLANDO FL 32809</b>	1.4 CITY-ST-ZIP	<b>Orlando, FL 32809</b>
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>DAS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAGID, SUSAN S</b>	2.2 NAME	<b>Magid, Susan Strates</b>
STREET ADDRESS	<b>7120 LAKE ELLENOR DRIVE</b>	2.3 STREET ADDRESS	<b>7120 Lake Ellenor Drive</b>
CITY-ST-ZIP	<b>ORLANDO FL 32809</b>	2.4 CITY-ST-ZIP	<b>Orlando, FL 32809</b>
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>DAS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOREMUS, SYBIL S</b>	3.2 NAME	<b>Doremus, Sibyl Strates</b>
STREET ADDRESS	<b>7120 LAKE ELLENOR DRIVE</b>	3.3 STREET ADDRESS	<b>7120 Lake Ellenor Drive</b>
CITY-ST-ZIP	<b>ORLANDO FL 32809</b>	3.4 CITY-ST-ZIP	<b>Orlando, FL 32809</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>Benitez, Agustin J.</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>7120 Lake Ellenor Drive</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>Orlando, FL 32809</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<b>AS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>Strates, James E.</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>7120 Lake Ellenor Drive</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>Orlando, FL 32809</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<b>AS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>Strates, John E.</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>7120 Lake Ellenor Drive</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>Orlando, FL 32809</b>

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.

SIGNATURE: *E. Jay Strates* **E. Jay Strates 1-7-1998 502-855-3939**

CR2E004 (10/97)