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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

DOCUMENT #	P98000080077
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Corporation Name

THE DOMESTON FAIR INC

ITE DN	EVAND FAIN, INC.					
Principal Place	e of Business	Mailing Address				4 (06)(06) ISE (010) (SILE CONSTRUCTO SECURE SOURS DOUGH DEST SOURT SOUR SOUR
•		- '				
406 RICHARD ROAD ROCKLEDGE FL 32955 ROCKLEDGE FL 32955				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed
						09/16/1998
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied For
1	4-1	26				59-354034/ Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional Fee Required	
City & Stat	e	City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cot	untry		8. This corporation owes the current year Intangible
4	25	29	30			Personal Property Tax.
	9. Name and Address of Currer	nt Registered Agent		 		10. Name and Address of New Registered Agent
1140	DINO BORESTI			81	Name	
	DING, ROBERT L			82	Street A	ddress (P.O. Box Number is Not Acceptable)
	I ORANGE AVE			Ш		
	E 1000			83		
UKL	ANDO FL 32801			84	City	85 Zip Code
					·	
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State rn familiar with, and accept the obliga	of Florida. Such change was	authorize	d by	the corpor	corporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
SIGNATURE						Ouired when reinstation) DATE
	Signature, typed or printed name of registered age	<u> </u>		_	t signature req	quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	D OFFICERS AN	DELETE	13.			Change ☐ Addition
TITLE				AME		_ , _
NAME	TURNER, ROBIN 406 RICHARD ROAD		1		***************************************	
STREET ADDRESS					ADDRESS	Ì
CITY-ST-ZIP	ROCKLEDGE FL 32955	☐ DELETE		1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	•	C DÉTEIE	1	2.1 TITLE 2.2 NAME		
NAME						
STREET ADDRESS					ADDRESS	}
C/TY-ST-ZIP		DELETE		CITY-S	T-ZIP	☐ Change ☐ Addition
TITLE			3.1 T			· Outrigo · i · · · · · · · · · · · · · · · · ·
NAME	· ·			IAME		
STREET ADDRESS			1		ADDRESS	
CITY-ST-ZIP		☐ DELETE	34 C	CITY-S	T-ZIP	☐ Change ☐ Addition
TITLE .						
NAME				VAME		
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP		☐ DELETE		ITY-S	-ZIP	Change Addition
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NAME			- 6		ADDRESS	
STREET ADDRESS				TY-S	ł	
CITY-ST-ZIP		☐ DELETE	6.1 T		-217	☐ Change ☐ Addition
TITLE		☐ NETE IS		IAME		
NAME					ADDDESS	j
STREET ADDRESS					ADDRESS	}
CITY-ST-ZIP			6.4 0	TY-S	-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, of en an attachment with an address, with all other like empowered.

SIGNATURE:

RE REQUIRED