SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT #

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

P98000081925

FILED Sep 21, 1999 8:00 am Secretary of State

09-21-1999 90019 022 ***150.00

GREENE RACING, INC.					
Principal Place	e of Business	Mailing Address	-		I LOBILLEAL THE JEIGH TORK CORN CORN CORN CORN THE STATE TORK THE STATE THE STATE TORK THE STATE THE STATE THE STATE TORK THE STATE
117 EAST REYNOLDS STREET PLANT CITY FL 33566 117 EAST REYNOLDS STREET PLANT CITY FL 33566 PLANT CITY FL 33566			ET		
			×		DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified 09/22/1998
2. Principal Pl	ace of Business	2a. Mailing Address			4, FEI Number Applied For
21		26			59-3533453 Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State		City & State	······································		6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Count	ry	8. This corporation owes the current year
24	[25]		30		Intangible Personal Property. Yes No 10. Name and Address of New Registered Agent
	9. Name and Address of Current	Registered Agent	- 8	1 Name	10. Rame and Address of New Registered Agent
AMERILAWYER				2 Street Ad	Idvace (D.O. Bey Niverbas in Net Accordable)
	ALMERIA AVENUE		°	2 Street Add	Idress (P.O. Box Number is Not Acceptable)
COF	RAL GABLES FL 33134		8	3	
			8	4 City	FL 85 Zip Code
11. Pursuant	to the provisions of sections 607.0502	and 607.1508. Florida Statutes.	the abov	e-named cort	poration submits this statement for the purpose of changing its registered
office or r	registered agent, or both, in the State im familiar with, and accept the obligation	of Florida. Such change was au	thorized t	by the corpora	ation's board of directors. I hereby accept the appointment as registered
SIGNATURE					
	Signature, typed or printed name of registered agent			Agent signature re	equired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	PSTD OFFICERS AND	DELETE	13.		Change Addition
NAME	GREENE, DAVID N SR.	OCCETE	1.2 NAMI	1	change reclaim
STREET ADDRESS	117 EAST REYNOLDS STREET		1,3 STRE	ET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33566		1.4 CITY-	ST-ZIP	
TITLE	VD	DELETE	2.1 TITLE		Change Addition
NAME	GREENE, LILA F	,	2.2 NAM	i	
STREET ADDRESS	117 EAST-REYNOLDS STREET PLANT CITY FL 33566			ET ADDRESS	
CITY-ST-ZIP TITLE	PLANT CITT PL 33300	DELETE	2.4 CITY- 3.1 TITLE		Change Addition
NAME		C) DELETE	3.2 NAMI		
STREET ADDRESS	,		3.3 STRE	ET ADDRESS	
CITY-ST-ZIP			3.4 CITY-	ST-ZIP	
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME	Ē	1
STREET ADDRESS			4.3 STRE	ET ADDRESS	
CITY-ST-ZIP			4.4 CITY-		
TITLE		L DELETE	5.1 TITLE	1	Change Addition
NAME.			5.2 NAME		
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP TITLE		Decemen	5.4 CITY- 6.1 TITLE		Channe D
NAME		L] DELETE	6.2 NAME		Change Addition
STREET ADDRESS	•			ET ADDRESS	
CITY-ST-ZIP			6.4 CITY-		

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: \$\frac{\pi}{2}\$

- TATE DAGUNEGROOME SR

09-13-99

813-659-3744

P98000081925 00-900Q-00 a letyon it May Concard, Upon Racaiving This Herior STATING 2 Nd Hotica. I Relieved that I Haven Received the FIRST Notice. This Notice is The First Enclosed YOU WILL FIRST MY CHICK FOR 150.00 DOLLARS. IL Thana Ara Lany problems or Quastions Dlanse CONTRAT MA AT (813) 654-3744. Lizasidanit_ GRUENG BACINGLINC