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

1998

DOCUMENT #

S3088

(6)

GUIDA RACING STABLE, INC.

FILED
Jan 22 1998 8:00am
Secretary of State



Principal Place	of Business	3	Mailing Address	Mailing Address						01211 21311 (00)		
4800 NORTH	AIA SEAOUAY	Y	4800 NORTH AIA SEAQ	4800 NORTH AIA SEAQUAY								
#7			#7					DO NOT WRITE IN THIS SPACE				
VERO BEACH	FL 32963		US VEHO BEACH FL 32963	VERO BEACH FL 32963				3. Date Incorporated or Qualified				
1 63			00	03				02/08/1991				
2. Principal Pl	and of Divers	000	n- Mailing Address					4. FEI Number		Applied For		
-	ace of bushi	1622	2a. Mailing Address				i	59-3050308	H	, , , , , , , , , , , , , , , , , , , 		
Suite, Apt	# oto			Suite Act # etc				i	607	Not Applicable 5 Additional		
	#, elc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	, -	Required			
City & State	<u> </u>		27 City & State				G. Stanting Committee Figure 1					
<u> </u>	•						6. Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees			
Zip		Country	Zip	Zip Country								
<u> </u>) '	—	–				8. This corporation owes or has paid the curr Personal Property Tax due June 30.	ent year ⊈ Yes	Intangible ☐ No		
24		25 and Address of Current		29				10. Name and Address of New Registered Agent				
Name and Address of Current Registered Agent GUIDA, ROSE M.							81 Name					
						Ľ						
480 # 50		AIA SEAQUAY		82 Street Addre			Street Addres	ss (P.O. Box Number is Not Acceptable)				
	RO BEACH	Et agge			83	╁						
VER	O DEACH	FL 32303										
					84	1	City	FL	85 Z	ip 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.												
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.												
SIGNATURE .				hard of I.		<u> </u>		when reinstating) DATE				
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registere						ent s	signature required	ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	ORS IN 12		
12. TITLE					13. 1,1 DTLE			1 11 11 11 11 11 11 11 11 11 11 11 11 1	☐ Chang			
	GUIDA, F	DOSE M	، المام الما							7.22.00		
NAME		AIA SEAQUAY #504		1.2 NAME								
STREET ADDRESS				1,3 STREET ADDRESS								
CITY-ST-ZIP	VERO BE	AUTI FL	DELETE	1.4 CITY - ST - ZIP DELETE 2.1 TITLE		ap		Chang	ie Addition			
TITLE			TT DEFEIR						Grang	e noution		
NAME				2.2 NAME								
STREET ADDRESS				2.3 STREET ADDRESS		DRESS						
CITY-ST-ZIP				2.	2. 4 CITY-ST-ZIP		ZIP					
TITLE			DELETE	3.1	3.1 TITLE			i	∐ Chang	je Addition		
NAME				3.2	2 NAME							
STREET ADDRESS				3.3	STREET	ADI	DRESS					
CITY - ST - ZIP				3.4	ı, CMY-S	ST-7	ZIP					
TITLE			DELETE		4.1 TITLE				Chang	je Addition		
NAME				4.	4, 2 NAME							
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CITY - ST - ZIP					CITY-S							
TITLE			DELETE			-		Chang	je 🔲 Addition			
NAME				52	NAME				_			
STREET ADDRESS					STREET	r anr	ngess					
CITY-ST-ZIP			DELETE		CITY-S	1-2	,ir		Chang	e Addition		
TITLE			☐ precit					•				
NAME					NAME							
STREET ADDRESS				6.3	STREET	ADE	DRESS					
CITY-ST-ZIP					CITY-S			440 07(0)(7) Fladda Cratical 15.00	475 pl 2 ·	la a takay - 1 - 1 -		
14. I hereby of indicated (ertify that the	e information supplied wit at report or supplemental	n this filing does not qualify annual report is true and ac	for the e curate a	exempt and the	uor at r	n stated in Se my signature	ection 119.07(3)(i), Florida Statutes. I further cer shall have the same legal effect as if made und	ury that t ler oath:	ne iniormation that I am an		
14. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.0/(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 of 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, from an attackment with an apprecia-												