PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # **S87943**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90029 005 ***150.00

	MONY HORSE, INC.						
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	i						
Principal	Place of Business	Mailing Address	-			IC BIBSI BIBII BIBII	Effit piett 1881
2205 PLIE	05 PLUCKEBAUM 2190 ROCKLEDGE DRIVE						
	ROCKLEGE FL 32926 ROCKLEGE FL 32955						
US					DO NOT WRITE IN TH	IIS SPACE	
	i				3. Date Incorporated or Qualifed		
			,		10/17/1991		
2. Princi	ipal Place of Business	2a. Mailing Address			4. FEI Number	J	pplied For
21	<u> </u>	26			<u>59-3091701</u>		ot Applicable
Suite;	Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional equired
22		27					
_ '	& State	City & State			6. Election Campaign Financing		May Be
23	1	28			Trust Fund Contribution		to Fees
— Zip	Country	Zip	Country		8. This corporation owes the current year		□No
24	25]	[29]	30		Personal Property Tax.	∐ Yes	
	9. Name and Address of	Current Registered Agent	81 N	ame	10. Name and Address of New Registere	o Agent	
	LOGAN, FRANK C.		" "	arne			
	400 CLEVELAND STREET		82 S	Street Address (P.O. Box Number is Not Acceptable)			
	SUITE 800		83				
	CLEARWATER FL 34615		83				
	CLEARWATER TE GAGIS		84 C	ity		85 Zip	Code
					F		
11. Purs	suant to the provisions of Sections (607.0502 and 607.1508, Florida Statuti e State of Florida. Such change was a	es, the above-na uthorized by the	med corpo corporation	pration submits this statement for the purpose n's board of directors. I hereby accept the app	of changing its pointment as re	s registered egistered
age	ent. I am familiar with, and accept the	e obligations of, Section 607.0505, Flo	ida Statutes.				
SIGNAT	TURE						{
	Signature, typed or printed name of regis		Registered Agent sign	nature required		AND DIDEOT	2DC IN 42
12.	I PD	ERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS.		
TITLE	1 1 711		1 1 TITLE				
NAME	1 1 -	☐ DELETE	1.1 TITLE			☐ Change	Addition
STREET AD	HARMONY, THOMAS P.	☐ DELETE	1.2 NAME	ND500			
	HARMONY, THOMAS P. 2190 ROCKLEDGE DR.	☐ DELETE	1.2 NAME 1.3 STREET ADD	·			
CITY-ST-ZIF	HARMONY, THOMAS P. 2190 ROCKLEDGE DR. ROCKLEDGE FL		1.2 NAME 1.3 STREET ADD 1.4 CITY-ST-ZIP	·		☐ Change	☐ Addition
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	HARMONY, THOMAS P. 2190 ROCKLEDGE DR. ROCKLEDGE FL SD HARMONY, SHANNON		1.2 NAME 1.3 STREET ADD 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	,		☐ Change	☐ Addition
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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, with all other like empowered.

SIGNATURE: