

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 731612 (8)
1. Corporation Name

EVERGLADES APPALOOSA HORSE CLUB, INC.



Principal Place of Business: C/O MCCARTNEY CONSTRUCTION CO. 1509 SE 4TH AVENUE FT. LAUDERDALE FL 33316
Mailing Address: C/O MCCARTNEY CONSTRUCTION CO. 1509 SE 4TH AVENUE FT. LAUDERDALE FL 33316

3. Date Incorporated or Qualified: 01/14/1975
3a. Date of Last Report: 08/10/1995
4. FEI Number: 59-2427949
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent: PERKINS, TOBY 5220 SOUTHWEST 109TH AVENUE FT. LAUDERDALE FL 33285
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code (FL)

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.
SIGNATURE: *Toby Perkins* TOBY PERKINS DATE: 3/29/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	MCCARTNEY, SHELDON	<input checked="" type="checkbox"/> DELETE	1.1 TITLE
STREET ADDRESS: 1509 SE 4TH AVE.	FT. LAUDERDALE FL 33316		1.2 NAME
CITY-ST-ZIP: FT. LAUDERDALE FL 33316			1.3 STREET ADDRESS
TITLE: TD	SIRAVO, JOANNE	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP
STREET ADDRESS: 14300 ARLINGTON PLACE	DAVIE FL 33325		2.1 TITLE
CITY-ST-ZIP: DAVIE FL 33325			2.2 NAME
TITLE: SD	BLAIR, MICHELL	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS
STREET ADDRESS: 1101 NW 146 ST.	MIAMI FL 33168		2.4 CITY-ST-ZIP
CITY-ST-ZIP: MIAMI FL 33168			3.1 TITLE
TITLE: VD	PERKINS, TOBY	<input type="checkbox"/> DELETE	3.2 NAME
STREET ADDRESS: 5220 SW 109TH AVENUE	FT. LAUDERDALE FL 33328		3.3 STREET ADDRESS
CITY-ST-ZIP: FT. LAUDERDALE FL 33328			3.4 CITY-ST-ZIP
TITLE:		<input type="checkbox"/> DELETE	4.1 TITLE
STREET ADDRESS:			4.2 NAME
CITY-ST-ZIP:			4.3 STREET ADDRESS
TITLE:		<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP
STREET ADDRESS:			5.1 TITLE
CITY-ST-ZIP:			5.2 NAME
			5.3 STREET ADDRESS
			5.4 CITY-ST-ZIP
			6.1 TITLE
			6.2 NAME
			6.3 STREET ADDRESS
			6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Toby Perkins* TOBY PERKINS DATE: 3/29/96 DAYTIME PHONE: 954-434-8747

CR2E037 (12/95)