

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

C/O MCCARTNEY CONSTRUCTION CO.
1509 SE 4TH AVENUE
FT. LAUDERDALE FL 33316

C/O MCCARTNEY CONSTRUCTION CO.
1509 SE 4TH AVENUE
FT. LAUDERDALE FL 33316-2541

3. Date Incorporated or Qualified
01/14/1975

3a. Date of Last Report
04/22/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
59-2427949

Applied For
Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PERKINS, TOBY
5220 SOUTHWEST 109TH AVENUE
FT. LAUDERDALE FL 33285

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MCCARTNEY, SHELDON
STREET ADDRESS 1509 SE 4TH AVE.
CITY-ST-ZIP FT. LAUDERDALE FL 33316 DELETE

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE TD
NAME SIRAVO, JOANNE
STREET ADDRESS 14300 ARLINGTON PLACE
CITY-ST-ZIP DAVIE FL 33325 DELETE

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD
NAME BLAIR, MICHELL
STREET ADDRESS 1101 NW 146 ST.
CITY-ST-ZIP MIAMI FL 33168 DELETE

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE PD
NAME PERKINS, TOBY
STREET ADDRESS 5220 SW 109TH AVENUE
CITY-ST-ZIP FT. LAUDERDALE FL DELETE

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE VD
NAME RODEN, BARBARA
STREET ADDRESS 13360 SW 29TH ST.
CITY-ST-ZIP DAVIE FL DELETE

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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* REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/97 954 434-8747
Date Daytime Phone # 0036434

CR2E037 (9/96)