


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Aug 20, 1999 8:00 am**  
**Secretary of State**

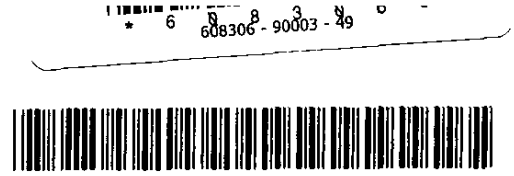
08-20-1999 90003 049 \*\*\*\*61.25

|  |   |  |
|--|---|--|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

**DOCUMENT # 731612**

1. Corporation Name  
**EVERGLADES APPALOOSA HORSE CLUB, INC.**

|  |  |
|--|--|
| Principal Place of Business<br>C/O MCCARTNEY CONSTRUCTION CO.<br>1509 SE 4TH AVENUE<br>FT. LAUDERDALE FL 33316 | Mailing Address<br>C/O MCCARTNEY CONSTRUCTION CO.<br>1509 SE 4TH AVENUE<br>FT. LAUDERDALE FL 33316 |
|--|--|



|                                      |                           |  |
|--------------------------------------|---------------------------|--|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 | 3. Date Incorporated or Qualified<br>01/14/1975  |
| Suite, Apt. #, etc.<br>22            | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br>59-2427949  |
| City & State<br>23                   | City & State<br>28        | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                    |
| Zip<br>24                            | Country<br>25             | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |

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   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | <b>FL</b>   |

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

|                |                   |                                 |
|----------------|-------------------|---------------------------------|
| TITLE          | VD                | <input type="checkbox"/> DELETE |
| NAME           | SCHWARTZ, M       |                                 |
| STREET ADDRESS | 2980 SW 116 AVE   |                                 |
| CITY-ST-ZIP    | DAVIE FL 33330    |                                 |
| TITLE          | SD                | <input type="checkbox"/> DELETE |
| NAME           | BLAIR, MICHELL    |                                 |
| STREET ADDRESS | 1101 NW 146 ST.   |                                 |
| CITY-ST-ZIP    | MIAMI FL 33168    |                                 |
| TITLE          | PD                | <input type="checkbox"/> DELETE |
| NAME           | PAUL, J           |                                 |
| STREET ADDRESS | 14421 SW 24TH ST  |                                 |
| CITY-ST-ZIP    | DAVIE FL 33325    |                                 |
| TITLE          | TD                | <input type="checkbox"/> DELETE |
| NAME           | ROSEN, B          |                                 |
| STREET ADDRESS | 13360 SW 29TH ST. |                                 |
| CITY-ST-ZIP    | DAVIE FL          |                                 |
| TITLE          | D                 | <input type="checkbox"/> DELETE |
| NAME           | MCCARTNEY, S      |                                 |
| STREET ADDRESS | 1509 SE 4TH AVE   |                                 |
| CITY-ST-ZIP    | FT LAUD FL 33316  |                                 |
| TITLE          |                   | <input type="checkbox"/> DELETE |
| NAME           |                   |                                 |
| STREET ADDRESS |                   |                                 |
| CITY-ST-ZIP    |                   |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                         |  |
|--------------------|-------------------------|--|
| 1.1 TITLE          | PRESIDENT               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | SCHWARTZ, M             |  |
| 1.3 STREET ADDRESS | 2980 SW 116 AVE.        |  |
| 1.4 CITY-ST-ZIP    | DAVIE FL 33330          |  |
| 2.1 TITLE          | VICE - PRESIDENT        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | PERKINS, T.             |  |
| 2.3 STREET ADDRESS | 5220 SW 109 AVE         |  |
| 2.4 CITY-ST-ZIP    | FT. LAUDERDALE FL 33328 |  |
| 3.1 TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                         |  |
| 3.3 STREET ADDRESS |                         |  |
| 3.4 CITY-ST-ZIP    |                         |  |
| 4.1 TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                         |  |
| 4.3 STREET ADDRESS |                         |  |
| 4.4 CITY-ST-ZIP    |                         |  |
| 5.1 TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                         |  |
| 5.3 STREET ADDRESS |                         |  |
| 5.4 CITY-ST-ZIP    |                         |  |
| 6.1 TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                         |  |
| 6.3 STREET ADDRESS |                         |  |
| 6.4 CITY-ST-ZIP    |                         |  |

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 617, 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: *Melinda Schwartz* **REQUERIDA S. SCHWARTZ** 8-11-99 954.472.2233  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (\$/99)