

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 761362 (3)

1. Corporation Name
VINCEREMOS RIDING CENTER, INC.



Principal Place of Business 8785 LAKE WORTH ROAD LAKE WORTH FL 33467	Mailing Address 8765 LAKE WORTH ROAD LAKE WORTH FL 33467
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-2274451	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30
3. Date Incorporated or Qualified 01/07/1982		3a. Date of Last Report 01/24/1995	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent SMITH, CHARLOTTE 7342 PINE PARK DRIVE NORTH LAKE WORTH FL 33467		10. Name and Address of New Registered Agent	
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	CPD	1.1 TITLE	President
NAME	BRAGLIO, LEE	1.2 NAME	Isuelf Braglio
STREET ADDRESS	304 MARBLE CANYON DR	1.3 STREET ADDRESS	304 Marble Canyon
CITY-ST-ZIP	WELLINGTON FL	1.4 CITY-ST-ZIP	Wellington, FL 33414
TITLE	D	2.1 TITLE	Secretary
NAME	GARBIN, JAMES	2.2 NAME	Charlotte Smith
STREET ADDRESS	1009 CHERRY LANE	2.3 STREET ADDRESS	7342 Pine Park Dr.
CITY-ST-ZIP	WELLINGTON FL	2.4 CITY-ST-ZIP	Lake Worth, FL 33467
TITLE	Treasurer	3.1 TITLE	Director
NAME	KATZ, STEVEN	3.2 NAME	Mr. Kent Ehrhardt
STREET ADDRESS	1988 LAKE WORTH RD.	3.3 STREET ADDRESS	5622 N. Flagler Dr
CITY-ST-ZIP	LAKE WORTH FL	3.4 CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	D	4.1 TITLE	Director
NAME	MANGRUM, JOHN R	4.2 NAME	Mary Mc Nicholas
STREET ADDRESS	12181 SYCAMORE LANE	4.3 STREET ADDRESS	25 Seminole Pratt Whitney Rd
CITY-ST-ZIP	WELLINGTON FL	4.4 CITY-ST-ZIP	Loxahatchee, FL 33470
TITLE	D	5.1 TITLE	Director
NAME	MALONEY, BETSY	5.2 NAME	J&F Sluggert
STREET ADDRESS	2552 SPALTINGHAM DR.	5.3 STREET ADDRESS	25 Seminole Pratt Whitney Rd
CITY-ST-ZIP	WEST PALM BEACH FL	5.4 CITY-ST-ZIP	Loxahatchee, FL 33470
TITLE	D	6.1 TITLE	Director
NAME	PINGLETON, DARYN	6.2 NAME	Kerry Spoor
STREET ADDRESS	1665 PALM BCH LAKES BLVD., STE. 900	6.3 STREET ADDRESS	165 Cleary Rd.
CITY-ST-ZIP	W PALM BEACH FL	6.4 CITY-ST-ZIP	West Palm Beach, FL 33413

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: Charlotte Smith 6-13-96 433-5800
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)