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Mar 11 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 # 761362 (3)

1. Corporation Name  
VINCEREMOS RIDING CENTER, INC.



Principal Place of Business: 8765 LAKE WORTH ROAD LAKE WORTH FL 33467  
Mailing Address: 8765 LAKE WORTH ROAD LAKE WORTH FL 33467-2433

3. Date Incorporated or Qualified: 01/07/1982  
3a. Date of Last Report: 06/19/1996  
4. FEI Number: 59-2274451  
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 (21-24) and 2a. Mailing Address (25-30) fields with sub-sections for Suite, Apt #, etc., City & State, Zip, and Country.

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 (81-85) fields for Name, Street Address, City, and 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	BROGLIO, ISUULT	
STREET ADDRESS	304 MARBLE CANYON	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SMITH, CHARLOTTE	
STREET ADDRESS	7342 PINE PARK DR	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EHRHADT, KENT	
STREET ADDRESS	5622 N FLAGLER DR	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCNICHOLAS, MARY	
STREET ADDRESS	25 SEMINOLE PRATT WHITNEY RD	
CITY-ST-ZIP	LOXAHATCHEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SLUGGET, JEFF	
STREET ADDRESS	25 SEMINOLE PRATT WHITNEY RD	
CITY-ST-ZIP	LOXAHATCHEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SPOOR, KERRY	
STREET ADDRESS	165 CLEARY RD	
CITY-ST-ZIP	WEST PALM BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Lee Broglio	
1.3 STREET ADDRESS	304 Marble Canyon	
1.4 CITY-ST-ZIP	Wellington, FL 33414	
2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Dr. Steven Katz	
2.3 STREET ADDRESS	1966 Lake Worth	
2.4 CITY-ST-ZIP	Lake Worth, FL 33460	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Mr James Corbin	
3.3 STREET ADDRESS	12794 Forest Hill Blvd. Suite 10-A	
3.4 CITY-ST-ZIP	Wellington, FL 3314	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Darya Pingleton	
4.3 STREET ADDRESS	1665 Palm Beach Lakes Blvd Suite 900	
4.4 CITY-ST-ZIP	West Palm Beach, FL 33401	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Mrs. Ibbie Jo Shames	
5.3 STREET ADDRESS	903 Landings Blvd	
5.4 CITY-ST-ZIP	West Palm Beach, FL 33413	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Mrs Jill Stolz	
6.3 STREET ADDRESS	11883 mardstone Drive	
6.4 CITY-ST-ZIP	Wellington, FL 33414	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(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: Charlotte Smith, Registered Agent

3-7-97

CR2E037 (9/96)