


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 761362 (3)**  
1. Corporation Name  
**VINCEREMOS RIDING CENTER, INC.**



Principal Place of Business <b>8765 LAKE WORTH ROAD LAKE WORTH FL 33467</b>	Mailing Address <b>8765 LAKE WORTH ROAD LAKE WORTH FL 33467</b>
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3. Date Incorporated or Qualified <b>01/07/1982</b>	
4. FEI Number <b>59-2274451</b>	Applied For <input type="checkbox"/> Not Applicable

21. Principal Place of Business <b>13300 6th Court N.</b> Suite, Apt. #, etc.	22. Mailing Address <b>13300 6th Court N.</b> Suite, Apt. #, etc.
23. City & State <b>Loxahatchee, FL</b>	24. City & State <b>Loxahatchee, FL</b>
25. Zip <b>33470</b>	26. Country <b>Palm Beach</b>

5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" 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	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>VP</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>Treasurer</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BROGLIO, ISUULT</b>		1.2 NAME <b>Ray O'Toole</b>	
STREET ADDRESS <b>304 MARBLE CANYON</b>		1.3 STREET ADDRESS <b>12141 Tumbleweed Ct.</b>	
CITY-ST-ZIP <b>WELLINGTON FL</b>		1.4 CITY-ST-ZIP <b>Wellington, FL 33414</b>	
TITLE <b>S</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>President</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SMITH, CHARLOTTE</b>		2.2 NAME <b>Mr. Lee Broglia</b>	
STREET ADDRESS <b>7342 PINE PARK DRIVE</b>		2.3 STREET ADDRESS <b>304 Marble Canyon Dr.</b>	
CITY-ST-ZIP <b>LAKE WORTH FL</b>		2.4 CITY-ST-ZIP <b>Wellington, FL 33414</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>EHRHARDT, KENT</b>		3.2 NAME <b>Ms. Emily Marschok</b>	
STREET ADDRESS <b>5622 N FLAGLER DR</b>		3.3 STREET ADDRESS <b>11956 Polo Club Rd.</b>	
CITY-ST-ZIP <b>WEST PALM BEACH FL</b>		3.4 CITY-ST-ZIP <b>Wellington, FL 33414</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	4.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MCNICHOLAS, MARY</b>		4.2 NAME <b>Mr. Vinnie Mc Nicholas</b>	
STREET ADDRESS <b>25 SEMINOLE PRATT WHITNEY RD</b>		4.3 STREET ADDRESS <b>4799 Via Palm Lakes Apt. 1604</b>	
CITY-ST-ZIP <b>LOXAHATCHEE FL</b>		4.4 CITY-ST-ZIP <b>West Palm Beach, FL 33417</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SLUGGET, JEFF</b>		5.2 NAME <b>Dr. Richard Thompson</b>	
STREET ADDRESS <b>25 SEMINOLE PRATT WHITNEY RD</b>		5.3 STREET ADDRESS <b>2455 Muir Ct.</b>	
CITY-ST-ZIP <b>LOXAHATCHEE FL</b>		5.4 CITY-ST-ZIP <b>Wellington, FL 33414</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	6.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SPOOR, KERRY</b>		6.2 NAME <b>Mr. Darym Pingleton</b>	
STREET ADDRESS <b>165 CLEARY RD</b>		6.3 STREET ADDRESS <b>1465 Palm Beach Lakes Blvd. Ste. #7</b>	
CITY-ST-ZIP <b>WEST PALM BEACH FL</b>		6.4 CITY-ST-ZIP <b>West Palm Beach, FL 33401</b>	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 **REQUIRED** Date: 4/3/98 Daytime Phone: 561/967-2024

CR2037 (10/97)