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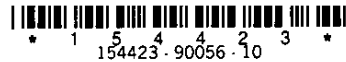
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 761362

1. Corporation Name

VINCEREMOS RIDING CENTER, INC.



Principal Place of Business 13300 6TH COURT N LOXAHATCHEE FL 33470	Mailing Address 13300 6TH COURT N LOXAHATCHEE FL 33470
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/07/1982
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2274451
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
SMITH, CHARLOTTE 7342 PINE PARK DRIVE NORTH LAXAHATCHEE FL 33470				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 *Charlotte Smith* (NOTE: Registered Agent signature required when reinstating) *Charlotte Smith* DATE *2-10-99*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROGLIO, ISUETL	1.2 NAME	Lee Broglio
STREET ADDRESS	304 MARBLE CANYON	1.3 STREET ADDRESS	304 Marble Canyon
CITY-ST-ZIP	WELLINGTON FL	1.4 CITY-ST-ZIP	Wellington FL
TITLE	S	2.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, CHARLOTTE	2.2 NAME	Ray O'Toole
STREET ADDRESS	7342 PINE PARK DRIVE	2.3 STREET ADDRESS	12141 Tumbleweed Ct
CITY-ST-ZIP	LAKE WORTH FL	2.4 CITY-ST-ZIP	Wellington
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSCHOK, EMILY M	3.2 NAME	
STREET ADDRESS	11955 POLO CLUB RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON FL 33414	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNICHOLAS, MARY	4.2 NAME	
STREET ADDRESS	25 SEMINOLE PRATT WHITNEY RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	LOXAHATCHEE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLUGGET, JEFF	5.2 NAME	
STREET ADDRESS	25 SEMINOLE PRATT WHITNEY RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	LOXAHATCHEE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPOOR, KERRY	6.2 NAME	
STREET ADDRESS	165 CLEARY RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	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: *Charlotte Smith* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE *2-10-99* (561) 792-9900 Daytime Phone #

CR2E037 (11/98)