

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 818106 (7)

1. Corporation Name
RED OAK STABLES, INC.



Principal Place of Business

1655 U.S. HWY. 9
P.O. BOX 1004
OLD BRIDGE NEW JERSEY 08857

Mailing Address

1655 U.S. HWY. 9
P.O. BOX 1004
OLD BRIDGE NEW JERSEY 08857

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.	26 State, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 County	29 Country
25	30

9. Name and Address of Current Registered Agent

**BRUNETTI, JOHN J., JR.
105 EAST 21 ST.
HIALEAH FL 33010**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

3. Date Incorporated or Qualified 08/12/1964	3a. Date of Last Report 01/25/1995
4. FEI Number 22-1827984	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This Corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

11. Pursuant to the provisions of Sections 670.05(2) and 607.17(2), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office (principal place of business) 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 607.04(1), Florida Statutes.

SIGNATURE

Signature of the person who is authorized to execute this statement

Signature of the person who is authorized to execute this statement

DATE

12. OFFICERS AND DIRECTORS		
12.1 NAME	T DERIENZO, DOMINICK	<input type="checkbox"/> DELETE
12.2 STREET ADDRESS	1655 US HWY 9 OLD BRIDGE, NJ 00000	
12.3 CITY, STATE, ZIP	CP	<input type="checkbox"/> DELETE
12.4 NAME	BRUNETTI, JOHN J	
12.5 STREET ADDRESS	1655 US HWY 9 OLD BRIDGE, NJ 00000	
12.6 CITY, STATE, ZIP	D	<input type="checkbox"/> DELETE
12.7 NAME	BRUNETTI, ANNA G.	
12.8 STREET ADDRESS	1655 US HWY 9 OLD BRIDGE, NJ 00000	
12.9 CITY, STATE, ZIP	V	<input type="checkbox"/> DELETE
12.10 NAME	BRUNETTI, JOHN J. JR	
12.11 STREET ADDRESS	1655 US HWY 9 OLD BRIDGE, NJ 00000	
12.12 CITY, STATE, ZIP		<input type="checkbox"/> DELETE
12.13 NAME		
12.14 STREET ADDRESS		
12.15 CITY, STATE, ZIP		<input type="checkbox"/> DELETE
12.16 NAME		
12.17 STREET ADDRESS		
12.18 CITY, STATE, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
13.1 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 STREET ADDRESS		
13.3 CITY, STATE, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.4 NAME		
13.5 STREET ADDRESS		
13.6 CITY, STATE, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.7 NAME		
13.8 STREET ADDRESS		
13.9 CITY, STATE, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME		
13.11 STREET ADDRESS		
13.12 CITY, STATE, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.13 NAME		
13.14 STREET ADDRESS		
13.15 CITY, STATE, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.16 NAME		
13.17 STREET ADDRESS		
13.18 CITY, STATE, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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(9)(k), Florida Statutes. I further certify that the information provided on this report or any 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. If this corporation or the tax preparer is to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of change, I am the parent with an address.

SIGNATURE: *Dominic Derienzo* Treas.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/96

CR2E034 (12/95)