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Feb 09, 1999 8:00am
Secretary of State

02-09-1999 90034 025 ****150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 818106

1. Corporation Name
RED OAK STABLES, INC.



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 08/12/1964
 4. FEI Number: 22-1827984
 5. Certificate of Status Desired: Applied For, Not Applicable, \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property Tax: Yes, No

2. Principal Place of Business: 21, 22, 23, 24
 2a. Mailing Address: 26, 27, 28, 29, 30
 Suite, Apt. #, etc.
 City & State
 Zip Country

9. Name and Address of Current Registered Agent
VAN LINDT, JOHN
105 EAST 21 ST.
HIALEAH FL 33010

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: FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	DERIENZO, DOMINICK	
STREET ADDRESS	1655 US HWY 9	
CITY-ST-ZIP	OLD BRIDGE, NJ 00000	
TITLE	CP	<input type="checkbox"/> DELETE
NAME	BRUNETTI, JOHN J	
STREET ADDRESS	1655 US HWY 9	
CITY-ST-ZIP	OLD BRIDGE, NJ 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRUNETTI, ANNA G.	
STREET ADDRESS	1655 US HWY 9	
CITY-ST-ZIP	OLD BRIDGE, NJ 00000	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BRUNETTI, JOHN J. JR	
STREET ADDRESS	1655 US HWY 9	
CITY-ST-ZIP	OLD BRIDGE, NJ 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 607, 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: _____ DATE: 1/12/99 (732) 727-3300
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/98)