

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

CR# 7293

|   |   |   |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT<br><b>1996</b> |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Morham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **J15084** (3)

1. Corporation Name  
**AMERICAN EQUINE PUBLISHERS, INC.**



|   |   |
|---|---|
| Principal Place of Business<br><b>5100 W. SILVER SPRINGS SUITE 100 Ocala FL 34482-8517 US</b> | Mailing Address<br><b>P.O. BOX 2106 P.O. BOX 2106 Ocala FL 34478 US</b> |
|---|---|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>05/20/1986</b> | 3a. Date of Last Report<br><b>04/20/1995</b> |
|--|--|

|   |   |
|---|---|
| 21. Principal Place of Business<br><b>851 NW 24 CT.</b> | 2a. Mailing Address<br><b>P.O. Box 2106</b> |
| 22. Suite, Apt. #, etc.<br><b>SUITE # 102</b>           | 27. Suite, Apt. #, etc.                     |
| 23. City & State<br><b>OCALA, FL</b>                    | 28. City & State<br><b>OCALA FL</b>         |
| 24. Zip<br><b>34475</b>                                 | 25. Country<br><b>MARION</b>                |
| 29. Zip<br><b>34478</b>                                 | 30. Country<br><b>MARION</b>                |

|   |   |  |
|---|---|--|
| 4. FEI Number<br><b>59-2698205</b>  | Applied For<br><input type="checkbox"/> | Not Applicable<br><input type="checkbox"/> |
| 5. Certificate of Status Desired<br><input type="checkbox"/>  | <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>      |  |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input type="checkbox"/> No |   |  |

9. Name and Address of Current Registered Agent

**AUDETTE, DANIELLE M  
 5100 W. SILVER SPRINGS BLVD, SUITE 100  
 Ocala FL 34482**

10. Name and Address of New Registered Agent

|  |
|--|
| 81. Name<br><b>AUDETTE, DANIELLE M.</b>  |
| 82. Street Address (P.O. Box Number is Not Acceptable)<br><b>851 N.W. 24 CT. # 102</b> |
| 83.  |
| 84. City<br><b>OCALA</b>   |
| 85. Zip Code<br><b>FL 34475</b>  |

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: *Danielle M. Audette* **danielle m. Audette** **4/15/96**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | CD                     | <input type="checkbox"/> DELETE |
| NAME           | APPLETON, ARTHUR I.    |                                 |
| STREET ADDRESS | 8318 N.W. 90TH TERR.   |                                 |
| CITY-ST-ZIP    | OCALA FL               |                                 |
| TITLE          | PD                     | <input type="checkbox"/> DELETE |
| NAME           | AUDETTE, FERNAND J.    |                                 |
| STREET ADDRESS | 6 CHALLEDON CLOSE      |                                 |
| CITY-ST-ZIP    | OCALA FL               |                                 |
| TITLE          | VD                     | <input type="checkbox"/> DELETE |
| NAME           | AUDETTE, JOAN I.       |                                 |
| STREET ADDRESS | 6 CHALLEDON CLOSE      |                                 |
| CITY-ST-ZIP    | OCALA FL               |                                 |
| TITLE          | STD                    | <input type="checkbox"/> DELETE |
| NAME           | APPLETON, MARTHA       |                                 |
| STREET ADDRESS | 8318 N.W. 90TH TERRACE |                                 |
| CITY-ST-ZIP    | OCALA FL               |                                 |
| 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 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(3)(k), 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.

SIGNATURE: *[Signature]* **F. S. AUDETTE** **4/15/96 (352) 782-8958**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)