

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J15084 (3)

1. Corporation Name
AMERICAN EQUINE PUBLISHERS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 851 NW 24 COURT SUITE 102 Ocala FL 34475 US	Mailing Address P.O. BOX 2106 Ocala FL 34478 US
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3. Date Incorporated or Qualified 05/20/1986	
4. FEI Number 59-2698205	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

HANCOCK, RICHARD E
4727 NW 80TH AVE.
OCALA FL 34482

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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	CROMARTIE, ROBERT
STREET ADDRESS	SILVER LEAF FARMS, P.O. BOX 890
CITY-ST-ZIP	SUMMERFIELD FL 34492
TITLE	VPD <input type="checkbox"/> DELETE
NAME	O'FARRELL, J. MICHAEL JR.
STREET ADDRESS	OCALA STUD FARM, P.O. BOX 818
CITY-ST-ZIP	OCALA FL 34478
TITLE	STD <input type="checkbox"/> DELETE
NAME	SILVER, STEPHEN A
STREET ADDRESS	1516 SW 23RD AVE.
CITY-ST-ZIP	OCALA FL 34471
TITLE	D <input type="checkbox"/> DELETE
NAME	MILLER, LEVERETT
STREET ADDRESS	T SQUARE STUD, P.O. BOX 900
CITY-ST-ZIP	FAIRFIELD FL 32834
TITLE	D <input type="checkbox"/> DELETE
NAME	HOWLETT, BRYAN
STREET ADDRESS	4285 SW 65TH ST.
CITY-ST-ZIP	OCALA FL 34476
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. (Note: Attachment with an address.)

SIGNATURE _____ DATE **4/20/98** **352-247-1407**

CF2E034 (10/97)