## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

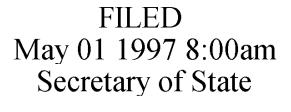
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # N9600006568 (7)

٠	Corporation Name
	ROCKINGHORSE FUND, INC.



ROCKINGHORSE FUND, INC.										
Principal Plac	e of Business	Mailing Addres	ss			L IBOINION DIN DONA DINI ORIN ORIN	- T I BERLITER DID 18140 DIRLI BERLI BERLI BERLI BERLI BERLI BERLI BARLI BIRLI BARLI BIRLI BARLI BARLI BARLI B			
6300 ROCKINGHORSE ROAD JUPITER FL 33458  STORE STATE OF THE STATE OF T										
						3. Date Incorporated or Qualified 12/26/1996	3. Date Incorporated or Qualified 3a. Date of Last Report 12/26/1996			
Principal Place of Business     2a. Mailing Address					·	4. FEI Number			Applied For	
21 26						65-0708442			Vot Applicable	
Suite, Apt	#, etc.	27	Suite, Apt. #, etc. 27 City & State 28			5. Certificate of Status Desired S8.75 Additional Fee Required  6. Election Campaign Financing Trust Fund Contribution Added to Fees				
City & Star	le	<u>⊢</u> ~ ′								
Zip	Country	Zip		Country		8. This corporation has liability for			s. 199.032,	
24	25	29	30	<u>1                                    </u>			Yes 🗵			
	9. Name and Address of Curre	nt Registered Agen	T	81	Name	10. Name and Address of New Ro	gistered A	ent		
A ^-	TT 1/40511 BB01481			"	ryame					
	ZZI, KAREN BROWN			82	Street Add	røss (P.O. Box Number is Not Acceptal	ole)			
	IMA LAKE DRIVE			83			<del></del>			
MESI	PALM BEACH FL 33411									
				84	City		FI	85 Zip	Code	
11. Pursuant	to the provisions of Sections 617.05	02 and 617.1508, Flo	rida Statutes.	the above	e-named corr	poration submits this statement for the		hanging	its registered	
office or	registered agent, or both, in the State	e of Florida. Such charations of Section 61	ange was suth	orized by	the corporal	poration submits this statement for the tition's board of directors. I hereby acce	pt the appol	nlment a	is registered	
	arriarilliai with, and accept the oblig	gationa or, obction or	7.0000, 7101101	a Dialoio						
SIGNATURE	Signature typed or printed name of registered ag	gent and title if applicable.	(NOTE: Re	opistered Age	nt eignature requi	tred when reinstating)	DATE			
12.		ND DIRECTORS		13.	·····	ADDITIONS/CHANGES TO OFFI	CERS AND			
TITLE	D		DELETE	1.1 TITLE			ŗ	Change	Addition	
NAME	WAGNER, DAVID JOHN			1.2 NAME						
STREET ADDRESS	12216 184TH CT			1.3 STREET	1					
CITY-ST-ZIP	JUPITER FL 33478		OF CTC	1.4 CITY - S	T-21P	·	<del></del>	Change	Addition	
TITLE	D CATTOTTI IOUNI ANTUONIV		DELETE	2.1 TITLE			ι	Crianys		
NAME	GATTOZZI, JOHN ANTHONY 2859 IRMA LAKE DRIVE	JH		22 NAME						
STREET ADDRESS	WEST PALM BEACH FL 334	44		2.3 STREET	1					
CITY-ST-ZIP	D DEVICE SON		DELETE	2. 4 CITY - S 3.1 TITLE	SI-ZIP			Change	Addition	
TITLE NAME	LOGAN, CHARLES P	لسا	Dette	3.2 NAME				- Citorigo		
STREET ADDRESS	17421 ALEXANDER RUN			3.3 STREET	ADDRESS					
CITY-ST-ZIP	JUPITER FL 33478			3.4. CITY-5		•				
TITLE			DELETE	4.1 TITLE			[	Change	Addition	
NAME				4. 2 NAME				_		
STREET ADDRESS				4.3 STREET	ADDRESS					
CITY-ST-ZIP				4.4 CITY- \$	IT-ZIP					
TITLE			DELETE	5.1 TITLE			Ţ	Change	Addition	
NAME				5.2 NAME						
STREET ADDRESS				5 3 STREET	ADDRESS					
CITY-ST-ZIP	L			5.4 CITY - S	IT-ZIP					
TITLE			DELETE	6.1 TITLE	]		ī	Change	Addition	
NAME	1									
				6.2 NAME	Į					
STREET ADDRESS	4			6.2 NAME 6.3 STREET	ADDRESS				·	
STREET ADDRESS City-St-Zip				ŀ	ST-ZIP	d - Carlos 10 07/9/0 Eledda Status				

I do 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.

SIGNATURE:

CHATURE AND TYPED OF PRINTED NAME OF COMING OFFICER OR DIRECTOR

561-841-4700 Daytime Phone \* 0000218