FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N96000006568 (7)

FILED Feb 10 1998 8:00am Secretary of State

ROCKINGHORSE FUND, INC.											
Principal Place of Business				Mailing Address					1	r sædikkjar oga komma omris ogret dorret goder dorret døder døder delek delek delek delek.	
6300 ROCKINGHORSE ROAD JUPITER FL 33458				6300 ROCKINGHORSE ROAD JUPITER FL 33458						Date Incorporated or Qualified 12/26/1996 FEI Number Applied For	
									 	65-0708442 Applied For Not Applied be	
Principal Place of Business 1				2a. Mailing Address 26					Б.	. Certificate of Status Desired S8.75 Additional Fee Regulred	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					6.	- Election Campaign Financing \$5.00 May Be	
City & State				City & State					-	Trust Fund Contribution Added to Fees	
23			28	28					′.	Is this nonprofit corporation a homeowners association? Yes No	
[Zip	Zip Country			- · · · · · · · · · · · · · · · · · ·		Country		В.	This corporation owes or has paid the current year intangible		
24	24 25		29		30	0				Personal Property Tax due June 30. 🔲 Yes 🔲 No	
	9. Name	and Address of Curren	t Regis	tered Agent		-	T		10.	Name and Address of New Registered Agent	
4						81	Na	me	<u>16</u>		
Gattozzi, karen Brown 2859 irma lake drive							Str	eet Addres	dress (P.O. Box Number is Not Acceptable)		
WEST PALM BEACH FL 33411											
						84	Cit	v		■ 85 Zip Code	
\$4 Durawant	to the overale	one of Continue 017 0500	0	47 4500 Florido Otok				-		FL 1 '	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Fiorida 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 lamlliar with, and accept the obligations of, Section 617.0503, Florida Statutes.											
SIGNATURE	Signature, typed	or printed name of registered ager	nt and title	il applicable. (NO	TE: Registe	red Age	ent aigr	ature required	wher	n reinstating) DATE	
12.		OFFICERS AND	DIREC		13					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	DAIGD 10101		☐ DELETE		TITLE				Change Addition	
NAME		R, DAVID JOHN			- 1	NAME					
STREET ADDRESS	12216 18					STREET		SS			
CITY-ST-ZIP TITLE	D	FL 33478		DELETE	_	CITY-S	T-ZIP			Change Addition	
		TI IOUNI ANTUONY	ID.	☐ DETEME		TITLE				Change Addition	
NAME STREET ADDRESS		ZI, JOHN ANTHONY J IA LAKE DRIVE	ın			NAME	4000				
CITY-ST-ZIP		ILM BEACH FL 33411	ı			STREET		:55			
TITLE	D	ILM DENOTTE SOFT		DELETE	_	CITY-S	1 - ZIP			Change Addition	
NAME	_	CHARLES P				NAME				E olango E roomon	
STREET ADDRESS		EXANDER RUN				STREET	ADDRE	SS			
CITY-ST-ZIP		FL 33478			- 6	CITY-S					
TITLE				DELETE		TITLE				☐ Change ☐ Addition	
NAME					4.2	NAME					
STREET ADDRESS	,				4.3	STAEET	ADDRE	ss			
CITY-ST-ZIP	_				4.4	CITY-S	T-ZIP				
TITLE				☐ DELET E	5.1	TITLE				Change Addition	
NAME					5.2	NAME					
STREET ADDRESS					5.3	STREET	ADDRE	ss			
CITY-ST-ZIP					5.4	CITY-\$	T-ZIP				
TITLE				DELETE	6.1	TITLE				Change Addition	
NAME					6.2	NAME					
STREET ADDRESS					6.3	STREET	ADDRE	SS			
CITY-ST-ZIP					6.4	CITY-S1	r-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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

MONTH THE CANDIDA TO

1/14/95