

2-27-97 B 2406 C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Feb 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P93000030330 (3)
 1. Corporation Name
ERIC BRAND TRAINING STABLES, INC.



Principal Place of Business Mailing Address
 RR 15 BOX 431 10019 LEONIDAS HORTON RD CONROE TX 77304
 10212 COUNTY RD 1080 BURLESON TX 76028-7609
 US 77304

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 10019 Leonidas Horton Rd	26 10019 Leonidas Horton Rd	04/26/1993	03/18/1996
22 Suite, Apt #, etc	27 Suite, Apt #, etc	4. FEI Number	Applied For
23 CONROE TX	28 CONROE, TX	59-3190465	Not Applicable
24 77304	29 77304	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25 MONTGOMERY	30 MONTGOMERY	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FLYNN, WILLIAM J % FOWLER, WHITE, GILLEN, BOGGS, ETAL 501 E KENNEDY BLVD SUITE 1700 TAMPA FL 33602	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D BRAND, ERIC	11 TITLE	
NAME	44 15 BOX 431	12 NAME	
STREET ADDRESS	CONROE TX	13 STREET ADDRESS	
CITY - ST - ZIP		14 CITY - ST - ZIP	
TITLE	D BRAND, SHIRLEY	2.1 TITLE	
NAME	RR 15 BOX 431	2.2 NAME	
STREET ADDRESS	CONROE TX	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *Shirley Brand* SHIRLEY BRAND
 Date: Feb 23/97 (409) 539 5030
 Daytime Phone #

CR2E034 (9/96)