

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 PM 11:12

DOCUMENT # P94000008229 (4)

1. Corporation Name

COUNTRYSIDE STABLES LIMITED, INC.

Principal Place of Business

407 WEKIVA SPRINGS RD.
SUITE 229
LONGWOOD FL 32779

Mailing Address

407 WEKIVA SPRINGS RD.
SUITE 229
LONGWOOD FL 32779

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/18/1994** 3a. Date of Last Report

2. Principal Place of Business

21 **40804 Whilden Lane**
Suite, Apt. #, etc.
22 **Leesburg, FL 34788**
City & State

2a. Mailing Address

26 **40804 Whilden Lane**
Suite, Apt. #, etc.
27 **Leesburg, FL 34788**
City & State

4. FEI Number
59-3292271

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

24 **34788**

25 **U.S.**

29 **34788**

30 **U.S.**

9. Name and Address of Current Registered Agent

SNOW, JOHN R ESQ
407 WEKIVA SPRINGS RD.
SUITE 229
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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

N/A

Signature, typed or printed name of registered agent and the # applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	PASCARELLA, MICHAEL A
STREET ADDRESS	C/O 407 WEKIVA SPRINGS RD., SUITE 229
CITY - ST - ZIP	LONGWOOD FL 32779
TITLE	DPT
NAME	PASCARELLA, JANISE
STREET ADDRESS	C/O 407 WEKIVA SPRINGS RD., SUITE 229
CITY - ST - ZIP	LONGWOOD FL 32779
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Pascarella, Vincent	
1.3 STREET ADDRESS	40804 Whilden Lane	
1.4 CITY - ST - ZIP	Leesburg, FL 34788	
2.1 TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Pascarella, Janis	
2.3 STREET ADDRESS	40804 Whilden Lane	
2.4 CITY - ST - ZIP	Leesburg, FL 34788	
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 110.07(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:

Janis Pascarella President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Janis Pascarella

2/27/95

Date

904-669-8927

System Design