

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -7 AM 11:45

DOCUMENT # P94000032322 (7)

1. Corporation Name
ADVENT STABLE, INC.

Principal Place of Business Mailing Address
**PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS ST., SUITE 105
TALLAHASSEE FL 32301**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/28/1994** 3a. Date of Last Report
4. FEI Number **59-8233867** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional
Fee Required**
6. Election Campaign Financing **\$5.00 May Be
Trust Fund Contribution Added to Fees**
8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address **c/o VALERIE K. H. BARKER**
21 **444 BRICKELL AVENUE** 26 **444 BRICKELL AVENUE**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **609** 27 **609**
City & State City & State
23 **MIAMI, FL** 28 **MIAMI, FL**
Zip Country Zip Country
24 **33131** 25 **U.S.** 29 **33131** 30 **U.S.**

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
**THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301**
81 Name **VALERIE K. H. BARKER, P.A.**
82 Street Address (P.O. Box Number is Not Acceptable)
444 BRICKELL AVENUE, SUITE 609
83
84 City **MIAMI** FL 85 Zip Code **33131**

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE *Valerie K. H. Barker* **VALERIE K. H. BARKER, P.A.** **MARCH 23, 1995**
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURANO, EDWARD C	1.2 NAME	
STREET ADDRESS	99 HIGHLAND ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	CHELSEA MA 02150	1.4 CITY - ST - ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *Edward C. Murano* **EDWARD C. MURANO** **4-4-95 617-889-1967**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #