

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

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PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DOCUMENT # P96000079679 (2)
 1. Corporation Name
FLORIDA EQUINE PUBLICATIONS, INC.

Principal Place of Business 851 N.W. 24TH COURT SUITE 102 OCALA FL 34475	Mailing Address P.O. BOX 2106 OCALA FL 34478
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 09/25/1996	3a. Date of Last Report
4. FEI Number 59-3406060	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
HANCOCK, RICHARD E
851 N.W. 24TH COURT
SUITE 102
OCALA FL 34475

10. Name and Address of New Registered Agent

81 Name Hancock, Richard E
82 Street Address (P.O. Box Number is Not Acceptable) 4727 nw 80th Ave
83
84 City Ocala
85 Zip Code FL 34482

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 *Richard E Hancock* **Richard E. Hancock** **7/30/97** **352-629-2160**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS

TITLE PD	<input type="checkbox"/> DELETE
NAME CROMARTIE, ROBERT	
STREET ADDRESS SILVER LEAF FARMS P.O. BOX 890	
CITY-ST-ZIP SUMMERFIELD FL 34492	
TITLE VPD	<input type="checkbox"/> DELETE
NAME O'FARRELL, J. MICHAEL JR.	
STREET ADDRESS OCALA STUD FARM P.O. BOX 818	
CITY-ST-ZIP OCALA FL 34478	
TITLE STD	<input type="checkbox"/> DELETE
NAME SILVER, STEVEN A	
STREET ADDRESS 1516 S.E. 23RD AVE.	
CITY-ST-ZIP OCALA FL 34471	
TITLE D	<input type="checkbox"/> DELETE
NAME MILLER, LEVERETT S	
STREET ADDRESS T SQUARE STUD P.O. BOX 900	
CITY-ST-ZIP FAIRFIELD FL 32634	
TITLE D	<input type="checkbox"/> DELETE
NAME HOWLETT, BRYAN	
STREET ADDRESS 4285 S.W. 65TH STREET	
CITY-ST-ZIP OCALA FL 34476	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	

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*****660.00 ***165.00**

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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 *Bryan Howlett* **Bryan Howlett** **7/30/97**

CR2E034 (4/97)

20fz

THE FLORIDA HORSE, INC.
P O BOX 2106
OCALA FL 34478

ANNUAL REPORTS FILINGS
DIVISION OF CORPORATIONS
TREVOR BRUMLEY
P O BOX 6327
TALLAHASSEE FL 32314

JULY 22, 1997

DEAR MS. BRUMLEY,

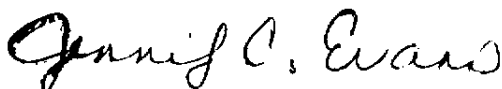
I AM WRITING IN REFERENCE TO THE 1997 PROFIT CORPORATION ANNUAL REPORT
PACKETS RECEIVED FOR:

FLORIDA EQUINE PUBLICATIONS, INC.
THE FLORIDA HORSE, INC.
AMERICAN EQUINE PUBLISHERS, INC.
WIRE TO WIRE RACING DIGEST, INC.

I WOULD LIKE TO REQUEST A WAIVE OF THE \$385.00 LATE FEE FOR EACH OF THE ABOVE CORPORATIONS. FLORIDA THOROUGHBRED BREEDERS AND OWNERS ASSOCIATION ACQUIRED THE FLORIDA HORSE, INC. AND WIRE TO WIIRE RACING DIGEST, INC. IN AUGUST OF 1996. DUE TO THIS ACQUISITION THE COMPANIES WERE BEING CHANGED OVER FROM A MANUAL ACCOUNTING SYSTEM TO A COMPUTERIZED ACCOUNTING SYSTEM. THE ACCOUNTANT WHO WORKED FOR THE COMPANIES BEFORE THE ACQUISTION TOOK PLACE MADE THE DECISION TO LEAVE IN FEBRUARY BEFORE THIS PROCESS COULD BE IMPLEMENTED. A REPLACEMENT WAS HIRED IN MARCH AND STARTED THE PROCESS OF CHANGING SYSTEMS WHEN SHE HAD A STROKE ON THE JOB ON APRIL 1, 1997. I WAS HIRED ON MAY 5, 1997 AND HAVE BEEN WORKING DILIGENTLY ON MAKING THE CHANGE OF ACCOUNTING SYSTEMS COMPLETE. I HAVE ACHIEVED THE MAJORITY OF THE PROCEDURE AND I WAS IN THE PROCESS OF CLEANING UP THE LOOSE ENDS WHEN I RECEIVED THESE REPORTS ON MONDAY, JULY 21, 1997. THIS IS THE FIRST TIME I HAVE SEEN THESE REPORTS AS THE FIRST NOTICE WAS NEVER RECEIVED BY THIS OFFICE.

I HAVE ENCLOSED A CHECK FOR \$660.00 TO PAY FOR THE ANNUAL REPORT AND CORPORATION SUPPLEMENTAL FEES FOR THE FOUR ABOVE CORPORATIONS. IF YOU HAVE ANY QUESTIONS PLEASE CALL ME AT (352) 732-8858.

THANK YOU,



JENNIFER C. EVANS
COMPTRROLLER