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Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000079679

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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 25 29 30

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country

3. Date Incorporated or Qualified
09/25/1996

4. FEI Number
59-3406060

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
**HANCOCK, RICHARD E
 4727 NW 80TH AVE.
 OCALA FL 34482**

ACCT # _____
 PROCESSED BY _____
 APPROVED BY _____

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 checked="" type="checkbox"/> DELETE
NAME	SILVER, STEVEN A
STREET ADDRESS	1516 S.E. 23RD AVE.
CITY-ST-ZIP	OCALA FL 34471
TITLE	D <input checked="" 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 checked="" 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	SEC/TREA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	WALTER J. BURKE
1.3 STREET ADDRESS	PO BOX 460
1.4 CITY-ST-ZIP	REDDICK, FL 32686
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HARRY T. MANGURIAN, JR.
2.3 STREET ADDRESS	5850 SW STATE RD 200
2.4 CITY-ST-ZIP	OCALA, FL 34474
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	STANLEY M. ERSOFF
3.3 STREET ADDRESS	1439 WEST FLAGLER
3.4 CITY-ST-ZIP	MIAMI, FL 33135
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 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, with all other like empowered.

SIGNATURE: *[Signature]* 2/24/99 (352) - 629-2160
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)