

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mason
Secretary of State
1995 State Office Building, Tallahassee, Florida

**APPROVED
AND
FILED**

DOCUMENT # **S54353** (5)

95 MAY -1 PM 11:44

ALTER'S RACING STABLE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Principal Office (Mailing Address) 2800 PADDOCK ROAD FT. LAUDERDALE FL 33331		2a. Mailing Address 2800 PADDOCK ROAD FT. LAUDERDALE FL 33331		3. Date of Report 05/22/1991		3a. Date of Last Report 04/14/1994	
2. Date of Report 21		2a. Mailing Address 26		4. FID Number 65-0323208		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24		25		29		30	

PLEASE WRITE IN THIS SPACE

9. Name and Address of Current Registered Agent CORPORATION COMPANY OF MIAMI 201 S. BISCAYNE BLVD. SUITE 1600 MIAMI FL 33131				10. Name and Address of New Registered Agent			
B1 Name							
B2 Street Address (P.O. Box Number is best. Not applicable)							
B3							
B4 City				FL		B5 Zip Code	

11. I, the undersigned, being duly qualified to do so, do hereby certify that the above named corporation complies with the provisions of Chapter 199-032, Florida Statutes, and that the corporation has duly accepted the appointment of the registered agent named herein and accepted the appointment of the registered agent named herein.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If any)	
NAME	DP ALTER, HAPPY 2800 PADDOCK ROAD FT. LAUDERDALE FL	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS		2. NAME	
POSITION		3. NAME	
DATE		4. NAME	
NAME		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS		6. NAME	
POSITION		7. NAME	
DATE		8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		9. NAME	
ADDRESS		10. NAME	
POSITION		11. NAME	
DATE		12. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		13. NAME	
ADDRESS		14. NAME	
POSITION		15. NAME	
DATE		16. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, do hereby certify that the information supplied with this filing is substantially true and correct and that the corporation complies with the provisions of Chapter 199-032, Florida Statutes, and that the corporation has duly accepted the appointment of the registered agent named herein and accepted the appointment of the registered agent named herein.

SIGNATURE: *Happy Alter* 4/28/95
SIGNATURE AND TYPE OF POSITION PRINTED NAME OF SIGNING OFFICER OR DIRECTOR