

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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**Feb 20 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P94000023862 (3)

1. Corporation Name
SANDMAN STABLES, INC.



Principal Place of Business: **11900 BISCAYNE BLVD. SUITE 616 N. MIAMI FL 33181**
Mailing Address: **11900 BISCAYNE BLVD. SUITE 616 N. MIAMI FL 33181-2726**

3. Date Incorporated or Qualified: **03/29/1994**
3a. Date of Last Report: **02/22/1996**

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)

4. FEI Number: **65-0483275**
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

9. Name and Address of Current Registered Agent
**FASKE, GARRY C
11900 BISCAYNE BLVD.
SUITE 616
N. MIAMI FL 33181**

10. Name and Address of New Registered Agent (81-85)

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: _____ (NOTE: Registered Agent signature required when reorganizing)

12. OFFICERS AND DIRECTORS

NAME: D FASKE, GARRY C	<input type="checkbox"/> DELETE
STREET ADDRESS: 11900 BISCAYNE BLVD., SUITE 616	
CITY-ST-ZIP: N. MIAMI FL 33181	
TITLE: D FREEDMAN, SANFORD	<input type="checkbox"/> DELETE
NAME: 11900 BISCAYNE BLVD., SUITE 780	
STREET ADDRESS: N. MIAMI FL 33181	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> DELETE
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
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	

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 (change 1), or on an attachment with an address.

SIGNATURE: _____ DATE: **2/17/97** PHONE: **305/892-8972**

CR2E034 (9/96)