

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

FILED

Feb 13 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 263152

(1)

1. Corporation Name

PINE GROVE STABLES, INC

Principal Place of Business

6900 ARBOR LAKES ROAD
WEST PALM BEACH FL 33413

Mailing Address

6900 ARBOR LAKES ROAD
WEST PALM BEACH FL 33413-2123

3. Date Incorporated or Qualified

09/28/1962

3a. Date of Last Report

04/20/1996

4. FEI Number

59-1031819

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

SCOWDEN, PAULINE
6900 ARBOR LAKES ROAD
WEST PALM BEACH FL 33413

10. Name and Address of New Registered Agent

81 Name SCOWDEN, KRISTIN E.

82 Street Address (P.O. Box Number is Not Acceptable)

6900 ARBOR LAKES ROAD

83

84 City

WEST PALM BEACH

FL

85 Zip Code

33413

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 *Kristine E. Scowden*
Signature typed or printed name of registered agent and title if applicable

KRISTINE E. SCOWDEN

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DST
NAME SCOWDEN, WALTER A
STREET ADDRESS 6900 ARBOR LAKES ROAD
CITY - ST - ZIP WEST PALM BEACH FL

DELETE

TITLE PD
NAME ~~SCOWDEN, PAULINE~~
STREET ADDRESS ~~6900 ARBOR LAKES ROAD~~
CITY - ST - ZIP ~~WEST PALM BEACH FL~~

DELETE

TITLE AST
NAME SCOWDEN, KRISTIN E
STREET ADDRESS 6900 ARBOR LAKES RD
CITY - ST - ZIP W PALM BCH FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

Change Addition

3.1 TITLE PD
3.2 NAME SCOWDEN, KRISTIN E
3.3 STREET ADDRESS 6900 ARBOR LAKES RD
3.4 CITY - ST - ZIP W PALM BEACH, FL

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

Change Addition

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 *Walter A. Scowden* WALTER A. SCOWDEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/13/97 561-434-5771

CR2E034 (9/96)