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

PROFIT CORPORATION **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 502205

(8)

T. L. HAUGHTON TRAINING STABLE, INC.

Mailing Address

Principal Place of Business



FIL	.ED
97 JUL -8	AM 11: 24
CC Owners .	

SECRETARY OF STATE
TALLAHASSEE FLORIDA

7569 S. ST. RD. 7 LAKE WORTH FL 33467 2311 LAS CASITAS DR WELLINGTON FL 33414-5874									
					3. Date Incorporated or Qualified 04/27/1976	3a. Date of I	,		
	Place of Business NW 69th MMOR	2a. Mailing Address 26 6011 NW 6	1044 A	dean	4. FEI Number		Applied For		
21 60 // Suite, Apt.		26 60// /V /V 6 Suite, Apt. #, etc.	77 /	TATION	11-2121050	***	Not Applicable		
	#, GIC.				Certificate of Status Desired	1 1 1 1 1	.75 Additional ee Required		
22 27					Election Campaign Financing		5.00 May Be		
23 PARKLAND FL 28 PARKLAND F			FL		Trust Fund Contribution		dded to Fees		
^Z ₁₀ 330		L	Country 30			Yes No			
	9, Name and Address of Current F	Registered Agent		·	10. Name and Address of New Re	gistered Agent			
	GHTON, THOMAS		81	Name					
	LOS CASITAS DR		82	Street Add	ress (P.O. Box Number is Not Acceptab	ole)			
WES	T PALM BEACH FL 33414		83	6011	NW 69th MANO	DE	·		
			83						
			84	DADY	rond	FL 85	Zip Code 33067		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the above-	named cor	poration submits this statement for the pation's board of directors. I hereby accept	urpose of chan	aina its reaistered		
agent. I a	registered agent, or both, in the state of im familiar with, and accept the obligation	ons of, Section 607,0505, Flori	inonzed by ida Statutes.	me corpora	ation's poard or directors, Friereby accep	и пе арропин	anit as registered		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE									
12.	OFFICERS AND I		13.		ADDITIONS/CHANGES TO OFFIC		CTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE			12 0	nange Addition		
NAME	HAUGHTON, THOMAS L.		1.2 NAME				,		
STREET ADDRESS	2311 LAS CASITAS DR		1.3 STREET A	ØDRESS 💪	OII NW 6944 M				
CITY-ST-ZIP	WELLINGTON FL 33412		1.4 CITY-ST	ZIP 🖊	ARKLAND FL	3306.7			
TITLE		☐ DELETE	2.1 TITLE			ايٰ ل ب	nange		
NAME			2.2 NAME	- 1	3000022	3664	7-020		
STREET ADDRESS			2.3 STREET	DDRESS	****165	170 ***	*165.00		
CITY-ST-ZIP			2. 4 CITY-ST	-ZIP	4444.190				
TITLE .		☐ DELETE	3.1 TITLE	i		L Ct	nange L Addition		
•			3.2 NAME						
STREET ADDRESS			3 3 STREET A						
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - ST 4.1 TITLE	- ZIP		☐ Cł	nange Addition		
NAME		occent	4.2 NAME			Д.	lange Regimen ;		
STREET ADDRESS			4.3 STREET A	nneess					
CITY-ST-ZIP			4.4 CITY - ST-						
TITLE		DELETE	5.1 TILE	<u></u>		☐ Cr	nange Addition		
NAME			5.2 NAME	1					
STREET ADORESS			5.3 STREET A	DDRESS					
CITY-ST-ZIP			5 4 CHTY- S1						
TITLE		DELETE	61 TITLE			ŢĮ Cr	nange		
NAME			6.2 NAME			(A)			
STREET ADDRESS			6.3 STREET A	DDRESS	,	/\\\			
CITY+ST+ZIP			6.4 CITY-ST-			U' /			
14. I do herel informatio	by certify that the information supplied von indicated on this aroual report or sup- officer or director of the convirgion of the	with this filing does not quality opportunital annual report is true openiver or true to opposite the opposite openium of the opposite openium of the opposite openium	for the exemine and accurate to execute	nption state ate and that to this repo	rd in Section 119.07(3)(i), Florida Statut at my signature shall have the same lega ort as required by Chapter 607, Florida S	s. I further certif I effect as if ma- itatutes: and tha	y that the de under oath; that t my name		
appears i	in Block 12 or Block 13 if changed, of o	an attachment with ay addre	ess.						

WISNESKI, BLAKISTON

B LESLIE, P.A.

Certified Public Accountants

July 1, 1997

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: T.L. Haughton Training Stable, Inc.

7563 S. State Road 7 Lake Worth, FL 33467

Ladies and Gentlemen:

Please find the Annual Report for TL Haughton Training Stable, Inc. Please note the Taxpayer wishes a reconsideration of the penalty associated with late filing of this report due to unforeseen and extenuating circumstances. The Taxpayer's are presently not in Florida and have previously intrusted their books, records and bill paying to an individual for several years previously. Unbeknownst to the Taxpayer, this individual neglected to handle their business affairs properly over the last six to eight months which has caused a great financial burden to them. One of these being the payment of taxes, licenses and annual reporting fees. As you can read we have changed the agent and the mailing address to the Taxpayer's home so in the future this will not happen again. The individual has been relieved of her duties and the Taxpayer is now assuming all responsibilities. They hope that you will look favorably upon these unusual circumstances and abate the penalty associated with the late filing of this annual report. Please review the records of the Taxpayer in previous years to find they have consistently paid and filed timely with respect to all State of Florida documents.

Should additional information be necessary, please contact this office directly. Thank you for your time and effort relative to this matter.

Very truly yours,

Ronald H. Wisneski, CPA

RHW/fh ltrs/tlha.rhw

cc: Perm File

HAAS BUILDING SUITE 600
1001 N. U.S. HIGHWAY ONE
JUPITER FLORIDA 33477
LOCAL 561/747-2772
TOLL FREE 800/747-2772
FAX 561/747-0094