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CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	Name							
SADDLE	ERY AND SUCH, INC.							
rincipal Place o	of Business	Mailing Address				91 LIVI 81911 8 1	8)1 8 (8() 3 (8() (
5301 10TH AV	E N S CITY FL 33463	5301 10TH AVE N GREEN ACRES CITY F	5301 10TH AVE N Green Acres City FL 33463					
Onzeit Hones					3. Date incorporated or Qualified 10/18/1978		te of Last Re)5/01/199	•
Principal Place	ce of Business	2a. Mailing Address			4. FEI Number		<u> </u>	polied For
		26			59-1860375			lot Applicable Additional
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		—	Required
City & State		City & State			6. Election Campaign Financing			May Be
<u> </u>		28			Trust Fund Contribution			to Fees
<i>7</i> ір 1	Country	Zip	Country 30		8. This corporation has liability for Florida Statutes Ye	rintangible: s 🔲 No	tax under s	199,032,
L	9. Name and Address of Curre	29 29 ent Registered Agent	1301		10. Name and Address of New		l Agent	
	V. Hamo and Hacitor		81 N	lame				
NAVARRI	ETTE, INES		82 Street Address (P.O. B		ess (P.O. Box Number is Not Accepta	able)		
	TH AVENUE NORTH							
LAKE WO	ORTH, FL LP FL 33463		83					
			84 C	ity		FI	85 Zip	Code
			1 1				panoino its re	eaistered offic
	- the translations of Continuo 607 ΩE/	02 and 607 1508 Florida Statut	os the above-nam	ed corpora	ation submits this statement for the p	urbose of c		
or registers	ad accept, or both, in the State of Ek	orida. Such change was authoriz	ed by the corbora	ned corporation's boar	ation submits this statement for the p d of directors. I hereby accept the ap	urpose of cl pointment a	s registered	agent. I am
or registere familiar with	o the provisions of Sections 607.056 ad agent, or both, in the State of Flo n, and accept the obligations of, Se	orida. Such change was authoriz	ed by the corbora	ned corpora tion's boar	ation submits this statement for the p id of directors. I hereby accept the ap	urpose of cl pointment a	is registered	agent. I am
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