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

**PROFIT CORPORATION ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F95000001795 (2)

DIAMOND HILL DRESSAGE, INC.

## **FILED** Apr 30 1998 8:00am Secretary of State



SUITE 1800   LOUISVILLE KY 40202   DO NOT WRITE   3. Date Incorporated or Qualified   04/12/1995	\$ <b>8</b>	Applied Not Ap	
2. Principal Place of Business   2a. Mailing Address   4. FEI Number		Not Ap 3.75 Addit	
21   26   61-1277422     Suite, Apt. #, etc.   Suite, Apt. #, etc.     22   27     City & State   City & State   City & State     28   Trust Fund Contribution     Contribution   City & State   City & State     City & State   City & State   City & State     City & State   City & State   City & State     City & State   City & State   City & State     City & State   City & State   City & State     City & State   City & State   City & State     City & State   City & State   City & State     City & State   City & State   City & Contribution     City & State   City & State   City & Contribution     City & State   City & State   City & Contribution     City & State   City & City & City & Contribution     City & State   City &		Not Ap 3.75 Addit	
Suite, Apt. #, etc.  22  City & State  City & State  City & State  28  City & State  Trust Fund Contribution		3.75 Addit	d For
22 5. Certificate of Status Desired City & State City & State 6. Election Campaign Financing Trust Fund Contribution			plicable
City & State City & State 6. Election Campaign Financing Trust Fund Contribution		Fee Require	
23 Trust Fund Contribution	4	5.00 May	
7.0		Added to Fe	
Zip Country Zip Country 8. This corporation owes or has pa	aid the current y	ear Intangi	ble
24         25         29         30         Personal Property Tax due June			
9. Name and Address of Current Registered Agent 10. Name and Address of New Re	egistered Agen	t .	
C T CORPORATION SYSTEM			
1200 SOUTH PINE ISLAND ROAD  82 Street Address (P.O. Box Number is Not Acceptable Address (P.O. Box Number is N	ress (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33324			
63			
84 City	<b>—</b> 85	Zip Code	e e e e e e e e e e e e e e e e e e e
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the p	FL  °°	l	
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 agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	purpose of char pt the appointm	iging its regis	stered
SIGNATURE			
Signature tyred or juried transe of registered agent and filled apply white (NOTE Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICE	DATE	-07000 111	40
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICE THE PSD DEFFE 11 THE			12 Addition
NAME HOFFMAN, STEPHEN A 12 NAME		mange [	Addition
STREET ADDRESS 492 MARINER DR 13 STREET ADDRESS			
CITY-ST-ZIP JUPITER FL 1.4 CITY ST-ZIP			
THE DELETE 2.1 THE		hange	Addition
NAME SWEET, RICHARD A 22 NAME		, ango	r iodii (oii
STREET ADDRESS 2403 GRETEN LANE 2.3 STREET ADDRESS			
CITY-ST-ZIP ANCHORAGE KY 2 4 CITY-ST-ZIP			
TITLE DELETE 31TITLE	□ c	hange 🔲	Addition
NAME 3.2 NAME			
STREET ADDRESS 33 STREET ADDRESS			İ
CITY-ST-ZIP 34. CITY-ST-ZIP			
TITLE DELETE 41 TITLE	□ c	hange 🔲	Addition
NAME 4 2 NAME			
STREET ADDRESS 43 STREET ADDRESS			
CITY-S1-ZIP 44 CITY-S1-ZIP			
TITLE DELETE STITLE	□ C	hange 🔲	Addition
NAME 52 NAME			
STREET ADDRESS 53 STREET ADDRESS			
CITY-ST-ZIP 54 CITY-ST-ZIP			ļ
TITLE DELETE 61 TITLE	□ c	hange 🔲	Addilion
NAME 62 NAME			
STREET ADDRESS 6.3 STREET ADDRESS			
City-St-7iP 64 City-St-7IP 64 City-St-7IP 64 City-St-7IP 14   December of certain that the information stated with this filling days red qualify by the everyotion stated in Section 119 07/3Vi). Florida Stated in Section 119 07/3Vi). Florida Stated in Section 119 07/3Vi).			

receive seems that the information supposed with this tiling coes not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this armual report as report and armual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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, open an attachment with an address.

SIGNATURE: