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

**PROFIT** CORPORATION ANNUAL REPORT 1998 DOCUMENT # Principal Place of Business 1974 SPROUERD STE 400

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## F9700006880 (5)

TERRAPIN STABLES, INC.

Mailing Address 1974 SPROUL RD., STE. 400

**FILED** Apr 27 1998 8:00am Secretary of State

BROOMALL PA 19008	BROOMALL PA 19008		DO NOT WRITE IN TH	DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified 12/26/1997		
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For	
1	26			23-2917089	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State	├── <b>┐</b>		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country 26	Z)p	Zip Country 30		<ol><li>This corporation owes or has paid the Personal Property Tax due June 30.</li></ol>	current year lotangible	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
PREMIUM REALTY INC.			<b>B1</b> N	Name		
2450 NE MAMI GARDENS DR. N. MIAMI BEACH FL 33180			<b>82</b> S	Street Address (P.O. Box Number is Not Acceptable)		
			83			
			84 C	City F	L 85 Zip Code	

e State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered a obligations of Section 607-0505. Florida Statutes. SIGNATURE 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition TITLE 1.1 TITLE Change COHEN, PHILIP 1.2 NAME 1974 SPROUL RD., STE. 400 STREET ADDRESS 1.3 STREET ADDRESS **BROOMALL PA 19008** 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition TITLE 2 1 TITLE COHEN, MARCIA NAME 2.2 NAME 1974 SPROUL RD:, STE. 400 STREET ADDRESS 2.3 STREET ADDRESS **BROOMALL PA 19008** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition TITLE 3.1 FITLE BEVILACQUA, JOHN P NAME 3.2 NAME 1974 SPROUL RD., STE. 400 3.3 STREET ADDRESS STREET ADDRESS **BROOMALL PA 19008** 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change Addition 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 61 TITLE Change Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

14. I 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 supplimental 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.

6.4 CITY - ST - ZIP

CITY - ST - ZIP