

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Medford
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 FEB 27 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H19434** (0)

1. Corporation Name
WILLIS FAMILY STABLES, INC.

Principal Place of Business Mailing Address
**371 GOLDEN BCH DR.
GOLDEN BCH FL 33160
US** **371 GOLDEN BEACH DR
GOLDEN BEACH FL 33160**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 **18401 NW 27 AVE** 26 **18401 NW 27 AVE.**
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 City & State **Miami FL** 28 City & State **Miami FL**
24 Zip **33056** 25 Country **US** 29 Zip **33056** 30 Country **U.S.**

3. Date Incorporated or Qualified **09/04/1984** 3a. Date of Last Report **03/25/1994**
4. FEI Number **59-2447838** 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 Fees
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**WILLIS, SHELDON
371 GOLDEN BCH DR.
GOLDEN BCH FL 33160**

10. Name and Address of New Registered Agent
81 Name **Larry Willis**
82 Street Address (P.O. Box Number is Not Acceptable) **18401 NW 27 AVE**
83
84 City **Miami** FL 85 Zip Code **33056**

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 *[Signature]* **Larry Willis President 2/13/95**

12. OFFICERS AND DIRECTORS

| | |
|-----------------|---------------------------------|
| TITLE | PD |
| NAME | WILLIS, SHELDON (Delete) |
| STREET ADDRESS | 371 GOLDEN BEACH DR |
| CITY - ST - ZIP | GOLDEN BEACH FL |
| TITLE | D |
| NAME | WILLIS, ANNETTE |
| STREET ADDRESS | 371 GOLDEN BCH DR. |
| CITY - ST - ZIP | GOLDEN BCH FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|--------------------------------|--|
| 11 TITLE | PS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | LARRY WILLIS | |
| 13 STREET ADDRESS | 11701 NW 14 ST. | |
| 14 CITY - ST - ZIP | Pembroke Pines FL 33026 | |
| 21 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | | |
| 23 STREET ADDRESS | | |
| 24 CITY - ST - ZIP | | |
| 31 TITLE | V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 32 NAME | Jeffrey Willis | |
| 33 STREET ADDRESS | 10541 PARIS ST. | |
| 34 CITY - ST - ZIP | COOPER CITY, FL 33026 | |
| 41 TITLE | T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 42 NAME | Scott Willis | |
| 43 STREET ADDRESS | 3344 Bimini Ave | |
| 44 CITY - ST - ZIP | Cooper City, FL 33026 | |
| 51 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 52 NAME | DANIEL WILLIS | |
| 53 STREET ADDRESS | 10500 PARIS ST. | |
| 54 CITY - ST - ZIP | Cooper City, FL 33026 | |
| 61 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | | |
| 63 STREET ADDRESS | | |
| 64 CITY - ST - ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Law No. 111-10, Florida Statutes. I further certify that the information included 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 person whose business responsibility is to compile the report as required by Chapter 192, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, in the printed name and address.

SIGNATURE: *[Signature]* **Larry Willis PS. 2/13/95 305-625-2403**