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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mori am

Secretary of St. Division OF CORPO TIONS

FILED Jan 14 1997 8:00am Secretary of State

	1001					n y OI State
	MENT # H1943 FAMILY STABLES, INC.	4 (0)				
Principal Place	a of Business	Mailing Address				558) (: #14 AJA:4 AJA:4 AJA:1 #1AI #1AI #1AI AJA:1 #4
Principal Place	B of Business	•	•			
18401 NW 27 A	AVE.	18401 NW 27 A VE		ŀ	<u> </u>	
MIAMI FL 3305	6	MIAMI FL 33056-310)2			T.
US		US	·			T-1
					3. Date Incorporated or Qualifie 09/04/1984	d 3a. Date of Last Report 05/01/1996
2. Principal Pi	lace of Business	2a. Mailing Addres	SS		4. FEI Number	Applied For
21		26		-	59-2447838	Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, e	tc.			99.75 Additional
	77 0101				5. Certificate of Status Desired	Fee Required
22		27		ļ		
City & State	e	City & State			6. Election Campaign Financing	
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Con	ntry	8. This corporation has liability f	or intangible tax under s. 199.032,
24	25	29	30	1	Florida Statutes	☐ Yes ☐ No
24	g. Name and Address of Curr			-	10. Name and Address of New	Registered Agent
		chi ricgiotere rigeni		81 Name	101	
	RY WILLIS			o. Hante		
1840	01 NW 27 AVE.	•		82 Street Ac	dress (P.O. Box Number is Not Accep	table)
MIA	MI FL 33056				· · · · · · · · · · · · · · · · · · ·	
	, 2 33333			.83		
				- 1		
				84 City *		FL 85 Zip Code
						<u> </u>
ata Durouppt	to the provisions of Sections 607.0	1502 and 607,1508, Florida	Statutes, the a	oove-named co	omoration submits this statement for th	e purpose of changing its registered
11. rujsuani		the of Charleton County about		at talled a second	ration's board of dispeters. I haraby no	anni tha annointment on registered
office or r	registered agent, or both, in the Sta	ate of Florida, Such chang	e was authorize	d by the corpo	ration's board of directors. I hereby ac	cept the appointment as registered
	registered agent, or both, in the Sta am familiar with, and accept the ob	ate of Florida. Such chang ligations of, Section 607.0.	e was authorize 505, Florida Stat	d by the corpo tutes.	orporation submits this statement for th ration's board of directors. I hereby ac	cept the appointment as registered
office or r agent. I a SIGNATURE						
SIGNATURE	Signature, typod or printed name of registered	agent and tire if applicable.	(NOTE: Registers		quired when reinstating)	DATE
SIGNATURE	Signature, typod or printed name of registered OFFICERS A	agent and tire if applicable.	(NOTE: Registers:	d Agent signature re	quired when reinstating)	DATE FICERS AND DIRECTORS IN 12
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SIGNATURE 12. TITLE NAME	Signature, typod or printed name of registered OFFICERS A PS WILLIS, LARRY	agent and tire if applicable.	(NOTE: Registers: 13. ETE 1.1 Ti 1.2 No	d Agent signature re TLS	quired when reinstating)	DATE FICERS AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typoid or printed name of registered OFFICERS A PS WILLIS, LARRY 11701 NW 14TH ST.	agent and tire if applicable.	(NOTE: Registers: 13. ETE 1.1 Ti 1.2 No 1.3 ST	d Agent signature re TLS AMS (RSET ADDRESS	quired when reinstating)	DATE FICERS AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-Z:P	PS WILLIS, LARRY 11701 NW 14TH ST. PEMBROKE PINES FL	agent and tire if applicable. AND DIRECTORS	(NOTE: Registers: 13. ETE 1.1 Ti 1.2 N/ 1.3 Si 1.4 Ci	d Agent signance re TLE AME (REET ADDRESS TY-ST-ZIP	quired when reinstating)	DATE FICERS AND DIRECTORS IN 12 Change Addition
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14. I do hereby certify that the information supplied with this filling does not qualify for the elemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and acturate 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 Foranges, or on an attachment with an address.