

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

FILED
Jan 30 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # H19434 (0)

1. Corporation Name
WILLIS FAMILY STABLES, INC.



| | |
|--|---|
| Principal Place of Business 18401 NW 27 AVE. MIAMI FL 33056 US | Mailing Address 18401 NW 27 A VE. MIAMI FL 33056 US |
|--|---|

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/04/1984

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip Country | 28 Zip Country |
| 24 | 30 |

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**LARRY WILLIS
 18401 NW 27 AVE.
 MIAMI FL 33056**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|---|
| TITLE | PS <input type="checkbox"/> DELETE |
| NAME | WILLIS, LARRY |
| STREET ADDRESS | 11701 NW 14TH ST. |
| CITY-ST-ZIP | PEMBROKE PINES FL |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | WILLIS, ANNETTE |
| STREET ADDRESS | 371 GOLDEN BCH DR. |
| CITY-ST-ZIP | GOLDEN BCH FL |
| TITLE | V <input type="checkbox"/> DELETE |
| NAME | WILLIS, JEFFREY |
| STREET ADDRESS | 10541 PARIS ST. |
| CITY-ST-ZIP | COOPER CITY FL |
| TITLE | T <input type="checkbox"/> DELETE |
| NAME | WILLIS, SCOTT |
| STREET ADDRESS | 3344 BIVVINI AVE. |
| CITY-ST-ZIP | COOPER CITY FL |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | WILLIS, DANIEL |
| STREET ADDRESS | 10500 PARIS ST. |
| CITY-ST-ZIP | COOPER CITY FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | ps |
| 1.3 STREET ADDRESS | Willis, Larry |
| 1.4 CITY-ST-ZIP | 18401 NW 27 AVE MIAMI, FL 33056 |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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 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 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 in an attachment with an address.

SIGNATURE _____

CR2E034 (10/97)