

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

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED

99 MAR 29 AM 9:07

DOCUMENT # **H29357**

1. Corporation Name

CIRCLE H STABLES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

**14390 PEPPERBUSH DR
PALM BCH GARDENS FL 33418
US**

Mailing Address

**1614 N CLEVELAND ST
ARLINGTON VA 22201
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 2600 N FLAGLER DR	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 1012	27
City & State	City & State
23 WEST PALM BEACH	28
Zip	Country
24 FL	25 33407
29	30

3. Date Incorporated or Qualified	Applied For
11/09/1984	Not Applicable
4. FEI Number	
59-2496396	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation owes the current year Intangible Personal Property Tax	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MALLOY, GLADYS 14390 PEPPERBUSH DR PALM BEACH GARDENS FL 33418	81 Name MALLOY, GLADYS
	82 Street Address (P.O. Box Number is Not Acceptable)
	2600 N FLAGLER DR
	83 #1012
	84 City WEST PALM BEACH FL 85 Zip Code 33407

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE <input type="checkbox"/> DELETE	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DP MALLOY, GLADYS	12 NAME DP MALLOY, GLADYS
STREET ADDRESS 14390 PEPPER BUSH RD	13 STREET ADDRESS 2600 N FLAGLER DR #1012
CITY-ST-ZIP PALM BEACH GARDENS FL	14 CITY-ST-ZIP WEST PALM BEACH, FL 33407
TITLE <input type="checkbox"/> DELETE	21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	22 NAME
STREET ADDRESS	23 STREET ADDRESS
CITY-ST-ZIP	24 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	32 NAME
STREET ADDRESS	33 STREET ADDRESS
CITY-ST-ZIP	34 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	42 NAME
STREET ADDRESS	43 STREET ADDRESS
CITY-ST-ZIP	44 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	52 NAME
STREET ADDRESS	53 STREET ADDRESS
CITY-ST-ZIP	54 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	62 NAME
STREET ADDRESS	63 STREET ADDRESS
CITY-ST-ZIP	64 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/99 581-832-5819
Date Daytime Phone #

CR2E034 (11/98)