


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

FILED

Mar 20 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # J13344 (3)</b>		
1. Corporation Name <b>TWO STAR STABLES, INC.</b>		



Principal Place of Business <b>16601 ROYAL POINCIANA COURT FT. LAUDERDALE FL 33326</b>	Mailing Address <b>16601 ROYAL POINCIANA COURT FT. LAUDERDALE FL 33326-1717</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>05/08/1986</b>	3a. Date of Last Report <b>03/08/1996</b>
4. FEI Number <b>59-2674896</b>		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>\$5.00 May Be Added to Fees</b>	

9. Name and Address of Current Registered Agent <b>THAW, ANN CAROL 16601 ROYAL POINCIANA COURT FT. LAUDERDALE FL 33326</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
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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 type for printed name of registered agent (not applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
12.1	PS THAW, ANN CAROL 16601 ROYAL POINCIANA CT FT LAUDERDALE FL VT	<input type="checkbox"/> DELETE		1.1	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
12.2	FRIEDFERTIG, ANN 16601 ROYAL POINCIANA CT FT LAUDERDALE FL	<input type="checkbox"/> DELETE		1.2	NAME		
12.3		<input type="checkbox"/> DELETE		1.3	STREET ADDRESS		
12.4		<input type="checkbox"/> DELETE		1.4	CITY - ST - ZIP		
12.5		<input type="checkbox"/> DELETE		2.1	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
12.6		<input type="checkbox"/> DELETE		2.2	NAME		
12.7		<input type="checkbox"/> DELETE		2.3	STREET ADDRESS		
12.8		<input type="checkbox"/> DELETE		2.4	CITY - ST - ZIP		
12.9		<input type="checkbox"/> DELETE		3.1	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
12.10		<input type="checkbox"/> DELETE		3.2	NAME		
12.11		<input type="checkbox"/> DELETE		3.3	STREET ADDRESS		
12.12		<input type="checkbox"/> DELETE		3.4	CITY - ST - ZIP		
12.13		<input type="checkbox"/> DELETE		4.1	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
12.14		<input type="checkbox"/> DELETE		4.2	NAME		
12.15		<input type="checkbox"/> DELETE		4.3	STREET ADDRESS		
12.16		<input type="checkbox"/> DELETE		4.4	CITY - ST - ZIP		
12.17		<input type="checkbox"/> DELETE		5.1	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
12.18		<input type="checkbox"/> DELETE		5.2	NAME		
12.19		<input type="checkbox"/> DELETE		5.3	STREET ADDRESS		
12.20		<input type="checkbox"/> DELETE		5.4	CITY - ST - ZIP		
12.21		<input type="checkbox"/> DELETE		6.1	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
12.22		<input type="checkbox"/> DELETE		6.2	NAME		
12.23		<input type="checkbox"/> DELETE		6.3	STREET ADDRESS		
12.24		<input type="checkbox"/> DELETE		6.4	CITY - ST - ZIP		

14. I do 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. 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.

SIGNATURE: *Ann Carol Thaw* 3/14/97 954 389-0314  
X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day the Filing #

CR2E034 (9/96)