

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J15084

1. Corporation Name

AMERICAN EQUINE PUBLISHERS, INC.

Principal Place of Business

**851 NW 24 COURT
SUITE 102
OCALA FL 34475
US**

Mailing Address

**P.O. BOX 2106
OCALA FL 34478
US**

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90097 039 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/20/1986

4. FEI Number

59-2698205

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**HANCOCK, RICHARD E
4727 NW 80TH AVE.
OCALA FL 34482**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

PD
CROMARTIE, ROBERT
SILVER LEAF FARMS, P.O. BOX 890
SUMMERFIELD FL 34492

TITLE ☐ DELETE

VPD
O'FARRELL, J. MICHAEL JR.
OCALA STUD FARM, P.O. BOX 818
OCALA FL 34478

TITLE ☒ DELETE

STD
SILVER, STEPHEN A
1516 SW 23RD AVE.
OCALA FL 34471

TITLE ☒ DELETE

D
MILLER, LEVERETT
T SQUARE STUD, P.O. BOX 900
FAIRFIELD FL 32634

TITLE ☒ DELETE

D
HOWLETT, BRYAN
4285 SW 65TH ST.
OCALA FL 34476

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

SEC/TREA
WALTER J. BURKE
PO BOX 460
REDDICK, FL 32686

2.1 TITLE ☐ Change ☒ Addition

D
HARRY T. MANGURIAN, JR.
5850 SW STATE RD 200
OCALA, FL 34474

3.1 TITLE ☐ Change ☒ Addition

D
STANLEY M. ERSOFF
1439 WEST FLAGLER
MIAMI, FL 33135

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)