

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J89822 1. Corporation Name			
AGM RACING STABLE, INC.		DO NOT WRITE IN THIS SPACE	
Principal Place of Business 8333 W. MCNAB ROAD TAMARAC, FL 33321		Mailing Address	
2. Principal Place of Business 21 <input type="text"/>		3. Date Incorporated or Qualified 08/21/87	
2a. Mailing Address 26 <input type="text"/>		3a. Date of Last Report 05/01/94	
Suite, Apt. #, etc. 22 <input type="text"/>		4. FEI Number 59-2839614	
City & State 23 <input type="text"/>		Applied For <input type="checkbox"/> Not Applicable	
Zip 24 <input type="text"/>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country 25 <input type="text"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
29 <input type="text"/>		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
30 <input type="text"/>		9. Name and Address of Current Registered Agent	
ARTHUR G. MEYERSON 8333 W. MCNAB ROAD TAMARAC, FL. 33321		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		FL	
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 _____			
Signature, typed or printed name of registered agent and title if applicable		DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ARTHUR G. MEYERSON - DIRECTOR 8333 W. MCNAB ROAD TAMARAC, FL 33321	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100001767091 -04/02/96--01119--008
TITLE NAME STREET ADDRESS CITY - ST - ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition ***200.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 324.2
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 as an attachment with an address.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ARTHUR G. MEYERSON		Date 3/26/96 - 305-721-7000 Daytime Phone	