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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K09654** (0)
1. Corporation Name
4-EVER HORSE FARM, INC.

Principal Place of Business: **11059 81ST STREET NORTH LAKE PARK FL 33412**
Mailing Address: **11059 81ST STREET NORTH LAKE PARK FL 33412**

2. Principal Place of Business	26. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. State of Incorporation	28. State of Mailing Address	4. FEI Number	Applied For / Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing / Trust Fund Contribution	\$5.00 May Be Added to Fees
24. City & State	29. City & State	6. Does corporation have liability for unpaid taxes under the Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
REYNOLDS, LORRAINE 6383-C TENTH AVE., N. SUITE 10-12 GREENACRES FL 33463		81. Name	
		82. Street Address, P.O. Box Number, or Post Office	
		83. City & State	
		84. Zip Code	FL 85. Zip Code

11. I, the undersigned, being duly sworn, and well knowing the contents of the foregoing, do hereby certify that the above named corporation exists and is in good standing for the purposes of having its registered office or principal place of business in the State of Florida, and that the same was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Fully informed with respect to the requirements of Sections 212.01 and 212.02, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ALTERNATE REGISTERED AGENTS	
NAME	P	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add New
CLARK, WILLIAM A.			
11059 81ST STREET NORTH			
LAKE PARK FL			
NAME	S	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add New
ROCHELLE-CLARK, TERESA			
11059 81ST STREET NORTH			
LAKE PARK FL			

14. I, the undersigned, certify that the information supplied with this report was truthfully furnished and that the same is true and correct for the reporting period as far as the Florida Statutes Chapter 212.01 and 212.02, Florida Statutes, require. I understand that the information supplied in this report is subject to audit by the Secretary of State and that any false information supplied in this report may result in the corporation being held liable for the same. I understand that the information supplied in this report is subject to audit by the Secretary of State and that any false information supplied in this report may result in the corporation being held liable for the same. I understand that the information supplied in this report is subject to audit by the Secretary of State and that any false information supplied in this report may result in the corporation being held liable for the same.

SIGNATURE: *William A. Clark* *Teressa Rochelle-Clark* 5/1/95 627-6995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR