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

PROFIT CORPORATION ANNUAL REPORT 1999



Secretary of State DIVISION OF CORPORATIONS

FILED May 06, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE Katherine Harris

05-06-1999 90212 030 ***150.00

DOCUMENT # K096 1. Corporation Name 4-EVER HORSE FARM, INC.	54			
Principal Place of Business Mailing Address		- 1 (Belbill dir atur iftrie flist Eini kiel anere eram eren eren eren eren		
11059 81ST STREET NORTH LAKE PARK FL 33412	11059 81ST STREET NORTH LAKE PARK FL 33412	DO NOT WRITE IN THIS SPACE		
	·	3. Date Incorporated or Qualifed 12/29/1987		
2. Principal Place of Business	2a. Mailing Address	4. FEI Number Applied For		
1	26	65-0104878 Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & State	City & State	6. Election Campaign Financing \$5.00 May Be		
3	28	Trust Fund Contribution Added to Fees		
Zip Country	Zip Country	8. This corporation owes the current year Intangible Personal Property Tax.		
9. Name and Address of C	urrent Registered Agent	10. Name and Address of New Registered Agent		

REYNOLDS, LORRAINE Street Address (P.O. Box Number is Not Acceptable) **601 TIMBERLANE CIRCLE GREENACRES FL 33463** 83 85 Zip Code 84 City

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.

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SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE:	Registered Agent signature requires	d when reinstating) DATE		
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition		
TITLE	P DELETE	1.1 TITLE	☐ Change	☐ Addition	
NAME	CLARK, WILLIAM A.	1.2 NAME			
STREET ADDRESS	11059 81ST STREET NORTH	1.3 STREET ADDRESS		☐ Addition	
CITY-ST-ZIP	LAKE PARK FL	1.4 CITY-ST-ZIP			
TITLE	S DELETE	2.1 TITLE	☐ Change	☐ Addition	
NAME	ROCHELLE-CLARK, TERESA	2.2 NAME			
STREET ADDRESS	11059 81ST STREET NORTH	2.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE PARK FL	2. 4 CITY-ST-ZIP			
TITLE	☐ DELETE	3.1 TITLE	Change	☐ Addition	
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZI₽		3.4. CITY-ST-ZIP			
TITLE	☐ DELETE	4.1 TITLE	☐ Change	Addition	
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE	☐ DELETE	5.1 TITLE	☐ Change	Addition	
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS		ļ	
CITY-ST-ZIP	:*	5.4 CITY-ST-ZIP			
TITLE	☐ DELETE	6.1 TITLE	☐ Change	Addition	
NAME		6.2 NAME		ł	
STREET ADDRESS		6.3 STREET ADDRESS		Ì	
CITY-ST-ZIP		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:

Daytime Phone #

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