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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

SIGNATURE: ...

Principal Plac	EY STABLES, INC. te of Business T STREET EACH FL 33441	Mailing Address 1949 N.E. 1ST STF DEERFIELD BEACH		*				
					3. Date incorporated or Qualified 11/16/1989		te of Last	
2. Principal F	Piace of Business	2a. Mailing Addres	SS	· · · · · · · · · · · · · · · · · · ·	4. FEI Number	1 04/	15/1996	Applied For
1		26			65-0169122		<del></del>	Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, e	etc.		5. Certificate of Status Desired			Additional
2 City & Stat	ie	City & State						Required
3		28		•	Election Campaign Financing     Trust Fund Contribution			O May Be d to Fees
Ζιρ	Country	Zıp	Co	ountry	This corporation has liability for			
1	25	29	30		Florida Statutes	Yes [	No	0. 100.002,
1 44	g. Name and Address of Cur	rent Registered Agent		81 Name	10. Name and Address of New Ro	egistered A	Agent	
	NGLEY, MARY ANNE 19 N.E. 1ST STREET							
	ERFIELD BEACH FL 33441			82 Street Add	dress (P.O. Box Number is Not Accepta	ble)		
000	CHICLE PEROIT I C 00171			83			······································	<del></del>
				84 City				
						-	65   Zir	Code
<ol> <li>Pursuant office or r agent I a</li> </ol>	to the provisions of Sections 607.0 registered agent, or both, in the St im familiar with, and accept the ob	0502 and 607.1508, Florida ate of Florida. Such change oligations of, Section 607.05	Statutes, the e was authoriz 505, Florida St		rporation submits this statement for the lation's board of directors. I hereby acce	FL purpose of pt the appo	1 1 '	its registered is registered
ignature 2.	Signature, typed or printed name of registered OFFICERS /	agent and title if applicable	(NOTE Register	above-named corted by the corporatules.	uired when reinstating)	purpose of pt the appo	changing pintment a	
ignature <b>2.</b> Tie	Signature, typed or printed name of registered OFFICERS A	agent and title if applicable	(NOTE Register	above-named cored by the corpora atutes.		purpose of pt the appo	changing pintment a	PRS IN 12
EIGNATURE  2. TLE  AME	Signature, typed or printed name of registered OFFICERS / D LANGLEY, MARYANNE	agent and title if applicable	(NOTE: Register 13 1.1 1.2	above-named cored by the corpora atutes.	uired when reinstating)	purpose of pt the appo	changing cintment a	PRS IN 12
IGNATURE  2. THE  MME  REFT ADDRESS	Signature: Typed or printed name of registered OFFICERS / D LANGLEY, MARYANNE 1949 NE 1ST STREET	agent and title if applicable	(NOTE Register  13 11 1.1 1.2 1.3	above-named cored by the corporatutes.  red Agent signature requirements.  TITLE  NAME  STREET ADDRESS	uired when reinstating)	purpose of pt the appo	changing cintment a	PRS IN 12
IGNATURE  2. TLE  AME  TREET ADDRESS  TY-ST-ZIP	Signature, typed or printed name of registered OFFICERS / D LANGLEY, MARYANNE	agent and title if applicable	(NOTE Register 13 TE 1.1 1.2 1.3 1.4	above-named cored by the corpora atutes.	uired when reinstating)	purpose of of the appo DATE CERS AND	changing changing change	PRS IN 12
EIGNATURE  2. THE AME TREET ADDRESS RY-ST-ZIP	Signature: typed or printed name of registered OFFICERS / D LANGLEY, MARYANNE 1949 NE 1ST STREET DEERFIELD BEACH FL	agent and tille if applicable AND DIRECTORS DELE	(NOTE Register  13 11 1.2 1.3 1.4 1TE 2.1	above-named cored by the corporatutes.  red Agent signature requirements.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	uired when reinstating)	purpose of of the appo DATE CERS AND	changing cintment a	PRS IN 12
PERMATURE  2. THE  MME  TREET ADDRESS  19-SI-ZIP  THE  MME	OFFICERS / D LANGLEY, MARYANNE 1949 NE 1ST STREET DEERFIELD BEACH FL D	agent and tille if applicable AND DIRECTORS DELE	(NOTE Registor  13 11 1.2 1.3 1.4 1TE 2.1 22	above-named cored by the corporatutes.  red Agent signature requirements.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	uired when reinstating)	purpose of of the appo DATE CERS AND	changing changing change	DRS IN 12
PEGNATURE  2. THE  AME  REET ADDRESS  TY-SI-ZIP  REET ADDRESS  TY-SI-ZIP	OFFICERS OF LANGLEY, MARYANNE 1949 NE 1ST STREET DEERFIELD BEACH FL D LANGLEY, JAMES	agent and title if applicable AND DIRECTORS  DELE	(NOTE Registor  13 11 1.2 1.3 1.4 11 12 21 22 23 24	above-named cored by the corpora atutes.  red Agent signature requirements.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	uired when reinstating)	purpose of of the appo DATE CERS AND	changing changing change	PRS IN 12
EIGNATURE  2. TLE  AME  IREET ADDRESS  ILY-ST-ZIP  ILE  AME  IMEET ADDRESS  IY-ST-ZIP  ILE	OFFICERS OF DEPARTMENT OF THE PROPERTY OF T	agent and tille if applicable AND DIRECTORS DELE	(NOTE Register  13 12 1.1 1.2 1.3 1.4 1EE 2.1 2.2 2.3 2.4 TE 3.11	above-named cored by the corporatutes.  red Agent signature requirements.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	uired when reinstating)	purpose of pt the apport	changing changing change	PRS IN 12
Z. TLE AME IREET ADDRESS TLE AME IREET ADDRESS TLE AME IREET ADDRESS TY-ST-ZIP TLE AME IREET ADDRESS TY-ST-ZIP TLE	OFFICERS OF DEPARTMENT OF THE PROPERTY OF T	agent and title if applicable AND DIRECTORS  DELE	(NOTE Register  13 11 1.2 1.3 1.4 17 12 23 24 17 18 3.21	above-named cored by the corporatutes.  red Agent signature requirements.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	uired when reinstating)  ADDITIONS/CHANGES TO OFFICE	purpose of pt the apport	changing change Change	DRS IN 12 Addition Addition
CIGNATURE  2. TLE  AME  TREET ADDRESS  TLE  AME  TREET ADDRESS  TY-ST-ZIP  TLE  TLE  TLE  TLE  TLE  TLE  TLE  TL	OFFICERS OF DEPARTMENT OF THE PROPERTY OF T	agent and title if applicable AND DIRECTORS  DELE	(NOTE Register  13 11 1.2 1.3 1.4 11 12 23 23 24 11 11 3.2 3.3	above-named cored by the corpora atutes.  red Agent signature requirements  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	uired when reinstating)  ADDITIONS/CHANGES TO OFFICE	purpose of pt the apport	changing change Change	DRS IN 12 Addition Addition
CONTACTOR	OFFICERS OF DEPARTMENT OF THE PROPERTY OF T	AND DIRECTORS  DELE	(NOTE Register  13 11 1.2 1.3 1.4 11 12 22 23 24 11 11 3.2 3.3 3.4	above-named cored by the corpora atutes.  red Agent signature requirements TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SY-ZIP TITLE NAME STREET ADDRESS CITY-SY-ZIP TITLE NAME STREET ADDRESS CITY-SY-ZIP	uired when reinstating)  ADDITIONS/CHANGES TO OFFICE	purpose of pt the apport	changing change  DIRECTO Change Change	PRS IN 12 Addition Addition
CONTACTOR	OFFICERS OF DEPARTMENT OF THE PROPERTY OF T	agent and title if applicable AND DIRECTORS  DELE	(NOTE Register  13 11 1.2 1.3 1.4 11 12 21 22 23 24 11 3.2 3.3 3.4 11 11 11 11 11 11 11 11 11 11 11 11 11	above-named cored by the corporatutes.  Title NAME STREET ADDRESS CITY-ST-ZIP	uired when reinstating)  ADDITIONS/CHANGES TO OFFICE	purpose of pt the apport	changing change Change	DRS IN 12 Addition Addition
1. Pursuant office or ragent I a signature  2. Hille ame treet adoress hity-st-zip tile ame treet adoress	OFFICERS OF DEPARTMENT OF THE PROPERTY OF T	AND DIRECTORS  DELE	(NOTE Register  13 11 12 1.3 1.4 1E 21 22 23 24 1E 3.11 3.2 3.4 1E 4.11	above-named cored by the corpora atutes.  red Agent signature requirements TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SY-ZIP TITLE NAME STREET ADDRESS CITY-SY-ZIP TITLE NAME STREET ADDRESS CITY-SY-ZIP	uired when reinstating)  ADDITIONS/CHANGES TO OFFICE	purpose of pt the apport	changing change  DIRECTO Change Change	PRS IN 12 Addition Addition
PEGNATURE  2. THE  MME  REET ADDRESS  TY-ST-ZIP  THE  MME  REET ADDRESS	OFFICERS OF DEPARTMENT OF THE PROPERTY OF T	AND DIRECTORS  DELE	(NOTE Register  13 11 12 1.3 1.4 17 17 18 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	above-named cored by the corporatutes.  red Agent signature requirements.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	uired when reinstating)  ADDITIONS/CHANGES TO OFFICE	purpose of pt the apport	changing change  DIRECTO Change Change	PRS IN 12 Addition Addition
PIGNATUPE  2. THE  AME  REET ADDRESS TY-ST-ZIP  THE  ME  REET ADDRESS TY-ST-ZIP  THE  ME  REET ADDRESS	OFFICERS OF DEPARTMENT OF THE PROPERTY OF T	AND DIRECTORS  DELE	(NOTE Register  13 11 12 1.3 1.4 17 17 18 19 19 10 10 11 11 12 13 14 11 11 11 11 11 11 11 11 11 11 11 11	above-named cored by the corpora atutes.  Title NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	uired when reinstating)  ADDITIONS/CHANGES TO OFFICE	purpose of pt the apport	changing change  DIRECTO Change Change	PRS IN 12 Addition Addition
PIGNATURE  2. THE  AME  REET ADDRESS TY-ST-ZIP  THE  AME  REET ADDRESS TY-ST-ZIP  THE  TY-ST-ZIP  THE  AME  REET ADDRESS TY-ST-ZIP  THE  TY-ST-ZIP  THE  TY-ST-ZIP  THE  ME  REET ADDRESS TY-ST-ZIP  THE  ME  REET ADDRESS TY-ST-ZIP  THE  ME  ME  ME  ME  ME  ME  ME	OFFICERS OF DEPARTMENT OF THE PROPERTY OF T	agent and tile if applicable AND DIRECTORS  DELE  DELE	(NOTE Register  13 12 1.1 1.2 1.3 1.4 1E 2.1 22 23 24 1E 3.1 3.2 3.3 3.4 1E 4.1 4.2 4.3 4.4 4.6 4.6 4.6 4.6 4.6 4.6 4.6 4.6 4.6	above-named cored by the corporatutes.  red Agent signature requirements.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	uired when reinstating)  ADDITIONS/CHANGES TO OFFICE	purpose of pt the apport	Change  Change	PRS IN 12 Addition Addition Addition
2. TLE AME TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE AME TY-ST-ZIP TLE AME TY-ST-ZIP TLE TY-ST-Z	OFFICERS OF DEPARTMENT OF THE PROPERTY OF T	agent and tile if applicable AND DIRECTORS  DELE  DELE	(NOTE Register  13 12 1.1 1.2 1.3 1.4.1 1E 2.1 2.2 2.3 2.4 1E 3.1 3.2 3.3 3.4 1E 4.1 1E 4.1 1E 5.1 15.2	above-named cored by the corpora atutes.  Title NAME STREET ADDRESS CITY-ST-ZIP	uired when reinstating)  ADDITIONS/CHANGES TO OFFICE	purpose of pt the apport	Change  Change	PRS IN 12 Addition Addition Addition
CONTACTOR	OFFICERS OF DEPARTMENT OF STREET DEERFIELD BEACH FL.  D LANGLEY, MARYANNE 1949 NE 1ST STREET DEERFIELD BEACH FL.  D LANGLEY, JAMES 1949 NE 1ST STREET	agent and title if applicable	(NOTE Register  13 12 1.1 1.2 1.3 1.4 17 2.2 2.3 2.4 18 19 10 10 11 11 11 12 13 14 15 16 17 18 18 18 18 18 18 18 18 18 18 18 18 18	above-named cored by the corpora atutes.  Title NAME STREET ADDRESS CITY-ST-ZIP	uired when reinstating)  ADDITIONS/CHANGES TO OFFICE	purpose of pt the apport	Change  Change  Change	PRS IN 12 Addition Addition Addition Addition Addition
CIGNATUPE  2. TLE AME IREELADDRESS TY-SI-ZIP TLE AME IREELADDRESS TY-SI-ZIP TLE AME IREELADDRESS TY-SI-ZIP TLE TY-SI-ZIP TLE TY-SI-ZIP TLE TY-SI-ZIP TLE TY-SI-ZIP TLE TREELADDRESS	OFFICERS OF DEPARTMENT OF STREET DEERFIELD BEACH FL.  D LANGLEY, MARYANNE 1949 NE 1ST STREET DEERFIELD BEACH FL.  D LANGLEY, JAMES 1949 NE 1ST STREET	agent and tile if applicable AND DIRECTORS  DELE  DELE	(NOTE Register  13 13 11 12 13 14 17 18 19 19 19 19 19 19 19 19 19 19 19 19 19	above-named cored by the corporatutes.  Title NAME STREET ADDRESS CITY-ST-ZIP TITLE	uired when reinstating)  ADDITIONS/CHANGES TO OFFICE	purpose of pt the apport	Change  Change	PRS IN 12 Addition Addition Addition
CIGNATUPE  2. TIE AME IREET ADDRESS RY-ST-ZIP TUE AME IREET ADDRESS TY-ST-ZIP TUE AME REET ADDRESS	OFFICERS OF DEPARTMENT OF STREET DEERFIELD BEACH FL.  D LANGLEY, MARYANNE 1949 NE 1ST STREET DEERFIELD BEACH FL.  D LANGLEY, JAMES 1949 NE 1ST STREET	agent and title if applicable	(NOTE Register  13 13 11 12 13 14 15 16 17 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19	above-named cored by the corpora atutes.  Title NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	uired when reinstating)  ADDITIONS/CHANGES TO OFFICE	purpose of pt the apport	Change  Change  Change	PRS IN 12 Addition Addition Addition Addition Addition
CONTACTOR	OFFICERS OF DEPARTMENT OF STREET DEERFIELD BEACH FL.  D LANGLEY, MARYANNE 1949 NE 1ST STREET DEERFIELD BEACH FL.  D LANGLEY, JAMES 1949 NE 1ST STREET	agent and title if applicable	(NOTE Register  13 11 1.2 1.3 1.4 1.4 1.6 1.7 1.8 1.9 1.9 1.9 1.9 1.9 1.9 1.9 1.9 1.9 1.9	above-named cored by the corporatutes.  Title NAME STREET ADDRESS CITY-ST-ZIP TITLE	uired when reinstating)  ADDITIONS/CHANGES TO OFFICE	purpose of pt the apport	Change  Change  Change	PRS IN 12 Addition Addition Addition Addition Addition