SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # L37230 (4)EQUESTRIAN CONCIERGE, INC. Principal Place of Business Mailing Address 1530 SHAKER CIRCLE WEST PALM BEACH FL 33414 1530 SHAKER CIRCLE WEST PALM BEACH FL 33414 3. Date Incorporated or Qualified 3a. Date of Last Report 12/19/1989 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0162119 Not Applicable Suite Apt #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Cert-ficate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Furid Contribution Added to Fees Ζφ Country 8. This corporation has liability for intangible tax under s. 199 032. 24 25 29 30 Yes No Florida Statutes 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent WITKOWSKI, RONALD 81 Name 1201 U.S. HIGHWAY 1, SUITE 250 82 Street Address (P.O. Box Number is Not Acceptable) NORTH PALM BEACH FL 33408 83 84 City 65 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 agent or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam lamil ar with land accept the obligations of, Section 607.0505. Florida Statutes. SIGNATURE Signature, type dioriprofe a name of no jisseroil agent and title if applicable (NOTE: Hing stored Agent's gradule recorded who vieweshalling 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)TITLE DELETE 1111116 Change Addition TRANTER, JOAN NAME L2 NAME 1530 SHAKER CIRCLE STREET ADDRESS 1.3 STREET ADDRESS WEST PALM BEACH FL CITY-ST-ZIF 1.4 CITY - S1 - ZIP TITLE DELETE 21 TITLE Change Addition TRANTER, JOAN NAME 2.2 NAME STREET ADDRESS 1530 SHAKER CIRCLE 2.3 STHEFT ADDRESS WEST PALM BEACH FL CITY - \$1 - 719 2 4 CiTY - ST - ZIP TITLE DELETE 3.1 TITLE Change Adoition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY - ST- ZIP TITLE DELETE 4.1 THILE Change Addition 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CHTY - ST - ZIP TITLE DELETE 5 1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 Crty - ST- ZIP THEF DELETE 61 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADORESS** CITY - ST - ZIP 64 CITY - ST-ZIP 14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes 1 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

6/15/96