

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED  
AND  
FILED


pg. 1 of 2

97 AUG 22 AM 9:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # L37230 (4)</b>					
1. Corporation Name <b>EQUESTRIAN CONCIERGE, INC.</b>					

Principal Place of Business <b>1530 SHAKER CIRCLE WEST PALM BEACH FL 33414</b>	Mailing Address <b>1530 SHAKER CIRCLE WEST PALM BEACH FL 33414</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/19/1989</b>		3a. Date of Last Report <b>06/20/1996</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>65-0162119</b>		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Country		29 Country		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>WITKOWSKI, RONALD 1201 U.S. HIGHWAY 1, SUITE 250 NORTH PALM BEACH FL 33408</b>				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				<b>FL</b>			

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 *Joan K. Tranter* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE <input type="checkbox"/> DELETE				1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME <b>TRANTER, JOAN</b>				1.2 NAME			
STREET ADDRESS <b>1530 SHAKER CIRCLE</b>				1.3 STREET ADDRESS <b>13290 BLUE DIAMOND PL.</b>			
CITY-ST-ZIP <b>WEST PALM BEACH FL</b>				1.4 CITY-ST-ZIP <b>WEST PALM BCH, FL 33414</b>			
TITLE <input type="checkbox"/> DELETE				2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME <b>TRANTER, JOAN</b>				2.2 NAME			
STREET ADDRESS <b>1530 SHAKER CIRCLE</b>				2.3 STREET ADDRESS <b>13290 BLUE DIAMOND PL</b>			
CITY-ST-ZIP <b>WEST PALM BEACH FL</b>				2.4 CITY-ST-ZIP <b>WEST PALM BCH, FL 33414</b>			
TITLE <input type="checkbox"/> DELETE				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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.

CR2E034 (4/97)

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-08/26/97--01034--017  
\*\*\*\*165.00 \*\*\*\*165.00

A. Alan

8/22/97

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8/18/97

To whom it may Concern:

Enclosed is my check for \$165.00  
I must have misplaced my 1st Notice  
because I don't recall seeing it come thru  
the mail.

I have been pre-occupied looking after  
my mother who has been in and out of  
the Health Center with a Fractured hip and  
emphysema.

I understand you have to enforce  
late fees in order for people to abide by  
the rules.

My business is a small house sitting  
service and an extra \$385.00 is lot for  
me to absorb at this time. In the  
past I have always paid in full and  
on time, which I hope you will take  
into consideration.

Thankyou for your time,  
Joan K. Tranter