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Jan 22 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L37230**

(4)

1. Corporation Name

**EQUESTRIAN CONCIERGE, INC.**



Principal Place of Business

**1530 SHAKER CIRCLE  
WEST PALM BEACH FL 33414**

Mailing Address

**1530 SHAKER CIRCLE  
WEST PALM BEACH FL 33414**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/19/1989**

4. FEI Number

**65-0162119**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

**21 1552 MONTAUK DRIVE**

2a. Mailing Address

**26 1552 MONTAUK DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**23 WELLINGTON FLORIDA**

City & State

**28 WELLINGTON FLORIDA**

Zip

**24 33414**

Country

**25 US**

Zip

**29 33414**

Country

**30 US**

9. Name and Address of Current Registered Agent

**WITKOWSKI, RONALD  
1201 U.S. HIGHWAY 1, SUITE 250  
NORTH PALM BEACH FL 33408**

10. Name and Address of New Registered Agent

81 Name

**RAYMOND RIPLEY, JR.**

82 Street Address (P.O. Box Number is Not Acceptable)

**235 N.E. 6TH AVENUE**

83

84 City

**DULRAY BORN**

**FL**

85 Zip Code

**33483**

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

**RAYMOND RIPLEY, JR.**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**1-10-98**

DATE

12. OFFICERS AND DIRECTORS

TITLE **PST** ☒ DELETE  
NAME **TRANTER, JOAN**  
STREET ADDRESS **13290 BLUE DIAMOND PLACE**  
CITY-ST-ZIP **WEST PALM BEACH FL 33414**

TITLE **D** ☒ DELETE  
NAME **TRANTER, JOAN**  
STREET ADDRESS **13290 BLUE DIAMOND PLACE**  
CITY-ST-ZIP **WEST PALM BEACH FL 33414**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PST** ☒ Change ☐ Addition  
1.2 NAME **LOIS C. ROACH**  
1.3 STREET ADDRESS **1552 MONTAUK DRIVE**  
1.4 CITY-ST-ZIP **WELLINGTON, FLORIDA 33414-5551**

2.1 TITLE **D** ☒ Change ☐ Addition  
2.2 NAME **LOIS C. ROACH**  
2.3 STREET ADDRESS **1552 MONTAUK DRIVE**  
2.4 CITY-ST-ZIP **WELLINGTON, FLORIDA 33414-5551**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied on this report 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 of this change of registered office or registered agent report.

SIGNATURE

**Joan A. Tranter - Former Pres: 1/10/98 561 790-6613**

CR2E034 (10/97)