FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L50453** **(4)**

1. Corporation Name

S. YOUNG STABLES, INC.

Principal Place of Business	Mailing Address
% RICHARD H. LEVENSTEIN 7280 W. PALMETTO PARK RD. #106 BOCA RATON FL 33433	C/O SCOTT YOUNG 1701 W. HILLSBORO BLVD. DEERFIELD BEACH FL 33442 US

2. Principal Place of Business	2a. Mailing Address
21 % Richard H. levenstein	26
Suite, Apt. #, etc. 22 2101 N.W. 2nd Ave. #2	Suite, Apt. #, etc. 27
City & State 23 Boca Raton, Fl	City & State 28
Zip / Country 24 33431 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: **02/16/1990**
3a. Date of Last Report: **03/17/1995**
4. FEI Number: **65-0183794** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LEVENSTEIN, RICHARD H.
7280 W. PALMETTO PARK RD.
SUITE 106
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 2101 N.W. 2nd Avenue, #2
83
84 City: Boca Raton **FL** 85 Zip Code: 33431

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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. The corporation 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 _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 TITLE	☐ Change ☐ Addition
NAME	YOUNG, SCOTT	2 NAME	
STREET ADDRESS	FINANCIAL CENTRE W S 203	3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH FL	4 CITY-ST-ZIP	
TITLE	D	2 TITLE	☐ Change ☐ Addition
NAME	YOUNG, KIM	2 NAME	
STREET ADDRESS	FINANCIAL CENTRE W S 203	2 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH FL	2 CITY-ST-ZIP	
TITLE	☐ DELETE	3 TITLE	☐ Change ☐ Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		3 CITY-ST-ZIP	
TITLE	☐ DELETE	4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE	☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE	☐ DELETE	6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is executed by furnished and 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 added above.

SIGNATURE: Scott Young 3/26/96 954 426-8226

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

Scott Young

CR2E034 (12/95)