FILED Apr 30, 1999 8:00 am Secretary of State

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## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # L50453

S. YOUNG STABLES, INC.

	,						JE BORN BURN, BURN		
Principal Place of Business Mailing Address						i intillie ant attit datte attet attet attet	, . WIND I WIND 1 1851	#(BI? BIE!! 1891	
% RICHARD H. 2101 NW 2ND		CO SCOTT YOUNG 1701 W. HILLSBORO BLVD.							
			D BEACH FL 33442			DO NOT WRITE IN THIS SPACE			
US US						3. Date Incorporated or Qualifed 02/16/1990			
2. Principal Place of Business 2a. Mailing Address								oplied For	
24	26					65-0183794	Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State	3	City & State	City & State			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country		Zip Country			8. This corporation owes the current year Intangible			
<b>—</b> , ·	· ·			•		Personal Property Tax.	☐ Yes	□No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
J. Hallie and Address of Content Register of Agent				81	Name			ĺ	
LEVENSTEIN, RICHARD H. 2101 NW 2ND AVENUE #2				82	Street Add	dress (P.O. Box Number is Not Acceptable)			
SUITE 106				-					
				83				j	
	A RATON FL 33431	•		84	City	F		Code	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of mailiar with, and accept the obligation	r Florida. Such change was a	utnorized	i by i	tne corpora	rporation submits this statement for the purpose tion's board of directors. I hereby accept the app	of changing its pointment as re	s registered egistered	
SIGNATURE		WOTE WATER	D	•	A -1	ired when reinstating) DATE		`	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: 12. OFFICERS AND DIRECTORS				egistered Agent signature require 13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 12	
TITLE		OFFICERS AND DIRECTORS  DELETE				ADDITIONAL STATE OF THE STATE O	Change	Addition	
	D COOT				1		_ ,	_	
NAME	YOUNG, SCOTT			1.2 NAME					
STREET ADDRESS	FINANCIAL CENTRE W S 203			1.3 STREET ADDRESS		,			
CITY-ST-ZIP	DEERFIELD BCH FL			1.4 CITY-ST-ZIP			☐ Change	Addition	
TITLE	D			2.1 TITLE			☐ Change	- Addition	
NAME	YOUNG, KIM			2.2 NAME					
STREET ADDRESS	FINANCIAL CENTRE W \$ 203		2.3 STREET ADDRESS		ADORESS				
CITY-ST-ZIP	DEERFIELD BCH FL		2. 4 CITY-ST-ZIP		T- ZIP				
TITLE	DELETE		3.1 ग	3.1 TITLE			Change	Addition	
NAME			3.2 N/	ME			•		
STREET ADDRESS	•		3.3 ST	REET	ADDRESS				
CITY-ST-ZIP	•		3.4. C	TY-S	T- ZIP				
TITLE	,	☐ DELETE	4.1 TE	rlE.		<del></del>	☐ Change	Addition	
NAME			4. 2 N	AME					
STREET ADDRESS			4.3 S1	REET	ADDRESS				
CITY-ST-ZIP			4,4 CI	TY-S1	r-zi₽				
TITLE		☐ DELETE	5.1 TF		-		. Change	Addition	
NAME		•	5.2 N	ME				İ	
STREET ADDRESS	•		5.3 81	REET	TADDRESS	•		}	
			5.4 CI						
CITY-ST-ZIP		☐ DELETE	6.1 TF				☐ Change	☐ Addition	
NAME			6.2 N	AME.					

14. I 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADORESS

CITY-ST-ZIP

426-8226