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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L75257

ADLAM RACING STABLE, INC.

(0)

**FILED** Apr 15 1997 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address	Mailing Address 9753 NW 42ND CT. SUNRISE FL 33351-7648			- ESAMPINEN MITI NOMEN MITIEN IN MILE STITLI LENE	BOOS BINIA	IBIN BIBIN OCON	/ B(0)) (00)	
9753 NW 42ND SUNRISE FL 3										
						3. Date Incorporated or Qualified 05/23/1990		te of Last F )1/1996	Report	]
2. Principal P	flace of Business	28. Mailing Address 26	· ")			4. FEI Number 65-0202722	Applied For Not Applicable			
Sulte, Apt.		Suite, Apt. #, etc.	···1			5. Certificate of Status Desired	Fee Required			
City & State	e	City & State	.8			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip 24	Country <b>25</b>	Zip 29	30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
ADI	<ol> <li>Name and Address of Curren</li> <li>AM, ANDREW E.</li> </ol>	Registered Agent		81	Name	10. Name and Address of New He	gistered A	gent		
	AM, ANDREW E. 3 NW 42ND CT.						<del> </del>			1
	IRISE FL 33351		82 Street Ad			ess (P.O. Box Number is Not Acceptab	ie)			
			1	83						
					City		FL	1 1	Code	7
11. Pursuant office or ragent. La	to the provisions of Sections 607.050; egistered agent, or both, in the State in familiar with, and accept the obliga	2 and 607,1508, Florida Statu of Florida - Such change was Irons of, Section 607,0505, F	ites, the abo authorized lorida Statu	iove-l Lby t iles.	named corpo the corporation	oration submits this statement for the pon's board of directors. I hereby accept	urpose of I the appo	changing i pintment as	ts registered registered	
SIGNATURE	Signature, typed or printed name of tage linear agen	The State of the S		4			DATE			
12.	OFFICERS AND		<b>13</b> .	viði tit	. Richattia, readmine	d wher reinstating) ADDITIONS/CHANGES TO OFFIC		DIRECTOR	RS IN 12	1
TITLE	PTD	DELETE 1.1 TO		 L E		Change			Addition	ءِ وَ
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STREET ADDRESS			1.3 S1H.	lee i as	ODRESS					١٤
CITY-ST-ZIP	SUNRISE FL			Y-\$1-	7IP					_   6
TITLE	SD ADLAM CWENDOLVILV	☐ DELETE		21 THEE 22 NAME				Change	Addition	1
NAME	ADLAM, GWENDOLYN V. 9753 NW 42ND CT.									1
STREET ADDRESS	SUNRISE FL		2.3 STR		1					1
CITY-ST-ZIP TITLE	SONNIGE I E	DELETE	2. 4 C(TY- \$1-2) 3.1 T(T):E		- 70P			Change	Addition	
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NAME			5,2 NAM							
STREET ADDRESS			5 3 STRI							-
CITY-ST-ZiP		DELETE	5.4 City 6.1 Titt		7111			Change	Addition	-
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NAME etocet annocces			6.3 STM		NADI CC	•				
STREET ADDRESS										
CITY-ST-ZIP 14. I do heret	by certify that the information supplied	with this filing does not qual	64 CHY ify for the c			in Section 119.07(3)(i), Florida Statutes	s. I further	certify that	tho	-

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 excute 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.