## AFTER WAY 1 13 32 FLORIDA DEPARTMENT OF STATE CORPORATION May 10, 1999 8:00 am Secretary of State Sandra B. Mortham ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 05-10-1999 90264 047 \*\*\*150.00 M64019 DOCUMENT # Equine MANAgement, Inc Principal Place of Business 1.3860-12 Wellington Trace #273 W. PALM BEACH FL 33414 DO NOT WRITE IN THIS SPACE W. PALM REACH FL 33414 3a. Date of Last Report 3. Date Incorporated or Qualified 12/24/87 Q - 80 CB5-Applied For 2a. Mailing Address 2. Principal Place of Business 59-226921 Not Applicat 21 13860-12 Wellington Trace \$8.75 Additional Suite, Apt. #. etc. Certificate of Status Desired Fee Required #213 \$5.00 May Be 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution This corporation has liability for intangible tax under S. 199.032, Country 100 Yes Florida Statutes 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name JOEL RATHER Street Address (P.O. Box Number is Not Acceptable) 13860-12 Welling for Trace #273 W. Palm Bessel, Fl 33414 83 85 Zip Code 84 City 11. Pursuant to the provisions of Sections 697 0592 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of 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 Syction 607.0505. Florida Mittles. SIGNATURE NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. Change 1 1 TITLE TITLE 1.2 NAME RATNER, JOEL S NAME 13860-12 Welling for Trace # 273 1 3 STREET ADDRESS STREET ADDRESS W. PALM BEACH FL 33414 1.4 CITY-ST-ZIP CITY-ST-ZIP Addit Change 2 1 TITLE TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 24 CITY-ST-ZIP CITY-ST-ZIP Addit 3 1 TITLE TITLE 2.2 NAME MAME 3.3. STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP Addit Change 4.1 HILE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addi 51 TITLE TITLE 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST - ZIP Change Addit 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6 4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report of 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 granged, or on an attractment with an address. **SIGNATURE** ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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