## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

POCUMENT # N93000003845 (5)

SIGNATURE: SUE DRAWDY

PALM BEACH COUNTY HORSE INDUSTRY COUNCIL, INC.

**FILED** Feb 05 1998 8:00am Secretary of State

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Principal Plac	e of Business	Mailing Address		·	T HERITARY DIR TRIBO HAND CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT.
9040 BELVEDERE ROAD 10201 LANTANA RD					3. Date Incorporated or Qualified
SUITE 200 - SUITE 200-					08/20/1993
W PALM BEAC	H FL 33411	LAKE WORTH FL 33467 US			4. FEI Number Applied For
		US			65-0435300 Not Applicable
	lace of Business	2a. Mailing Address		1/	5. Certificate of Status Desired S8.75 Additional
21 1020	1 LANTANA Rd	28 10201 LANA	ANA	<u>ra</u>	Fee Required
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State City & State			G/		7. Is this nonprofit corporation a homeowners association?
23 LAKE	Country	28 LAKE Worth	Country		Yes No
24 854	67 ZE HEA	38467	30	ISA	This corporation owes or has paid the current year Intangible     Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent
81 Nar					
DRAWDY, SUE				Street Add	dress (P.O. Box Number is Not Acceptable)
10201 LANTANA RD.					
LAEK W	ORTH FL 33467		83	,	
			84	City of	ke Worth FL 85 Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508. 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 617.0503, Florida Statutes.					
SIGNATURE					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE					
12.	OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DOMY EDITIN	DELETE	1.1 TITLE	-	Gail C. Stern A Change Addition
NAME CERTE ADDRESS	POMA, FRANK	E 000	1.2 NAME	* + 1000000	14307 LAUTEL WAY
MAN MAINE PORTAGE AND			1.4 CITY-5	T ADDRESS	Wellington Fl 33414
TITLE	D	DELETE	2.1 TITLE	51-211	☐ Change ☐ Addition
NAME	COFFMAN, DANIEL R		2.2 NAME		•
STREET ADDRESS	474			T ADDRESS	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33496</b>		2.4 CITY+	ST-ZIP	
TITLE	D	DELETE	3.1 TITLE		D Change Addition
NAME	LENNEP, JOHN VAN	•	3.2 NAME		MARILYN KEEN
STREET ADDRESS	6888 SKY LINE DR.		3.3 STREET	T ADDRESS	MARILYN KEEHY 15530 44 NO 10 XAHA+Chee, FI 33470
CITY-ST-ZIP	DELRAY BEACH FL 33446	T beleve	3.4. CITY -	ST-ZIP Z	OXAHAHCHEE, FI 33470
TITLE	T DOWN AND	☐ DELETE	4.1 TITLE	l	L Change L Addition
NAME	DRAWDY, SUE		4.2 NAME		
STREET ADDRESS	5960 MICHLAR DR LAKE WORTH FL			T ADDRESS	
CITY-ST-ZIP TITLE	LAKE WORTH PL	☐ DELETE	4.4 CITY - 5 5.1 TITLE	51 - ZIP	☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS				T ADDRESS	
CITY-ST-ZIP			5.4 CITY-5		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	1	
STREET ADDRESS			6.3 STREET	r address	
CITY OF THE			CADITY O	CT 71D	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

1/24/98

561-965-8092