

FILE NOW: FILING FEE IS \$61.25

FILED

May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000002118 (6)**

1. Corporation Name

THE FLORIDA MUSTANG ORGANIZATION, INC.



Principal Place of Business 2230 WILSON STREET (REAR) HOLLYWOOD FL 33020	Mailing Address 5070 SW 120TH AVENUE COOPER CITY FL 33330-4405 US
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3. Date Incorporated or Qualified 05/03/1995	3a. Date of Last Report 02/01/1996
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2. Principal Place of Business 21 5211 SW 90 WAY Suite, Apt. #, etc. 22 APT #3 City & State 23 COOPER CITY, FL Zip 24 33328	2a. Mailing Address 26 5211 SW 90 WAY Suite, Apt. #, etc. 27 APT #3 City & State 28 COOPER CITY, FL Zip 29 33328 Country 30 USA
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4. FEI Number 65-0592193	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent ARCEO, ALBERT JR. 2230 WILSON STREET (REAR) HOLLYWOOD FL 33020	
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 5211 S.W. 90 WAY 83 APT #3 84 City COOPER CITY FL 85 Zip Code 33328	
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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  DATE **4/30/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ARCEO, ALBERT JR. 2230 WILSON STREET (REAR) HOLLYWOOD FL	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	5211 S.W. 90 WAY, APT #3
CITY - ST - ZIP		1.4 CITY - ST - ZIP	COOPER CITY, FL 33328
TITLE	VPD ARCEO, HELEN 2230 WILSON STREET (REAR) HOLLYWOOD FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	T D GREGORY A NICHOLS
STREET ADDRESS		3.3 STREET ADDRESS	5070 S.W. 120 AVENUE
CITY - ST - ZIP		3.4 CITY - ST - ZIP	COOPER CITY, FL 33330
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	D Bill Brasfield
STREET ADDRESS		4.3 STREET ADDRESS	9890 SANTOS DRIVE
CITY - ST - ZIP		4.4 CITY - ST - ZIP	MIAMI, FL 33189
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE:  DATE **4/30/97** (305) 823-6533

CR2E037 (9/96)