


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 11 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 # **N96000002596 (2)**

1. Corporation Name

THE HORSEMEN'S TRAINING CENTER, INC.



Principal Place of Business	Mailing Address
3000 NORTH FEDERAL HIGHWAY, SUITE 200 FORT LAUDERDALE FL 33306	3000 NORTH FEDERAL HIGHWAY, SUITE 200 FORT LAUDERDALE FL 33306-1416

3. Date Incorporated or Qualified 05/08/1996	3a. Date of Last Report
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0671018	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SANTANGELO, CARL G
3000 NORTH FEDERAL HIGHWAY, SUITE 200
BUILDING 2
FORT LAUDERDALE FL 33306**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	[REDACTED]	1.2 NAME	Edward B. Rudner
STREET ADDRESS	[REDACTED]	1.3 STREET ADDRESS	1800 Eller Drive
CITY-ST-ZIP	[REDACTED]	1.4 CITY-ST-ZIP	Fort Lauderdale, Florida 33335
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, JAN E	2.2 NAME	
STREET ADDRESS	3005 N.E. 31ST AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	Director <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	[REDACTED]	3.2 NAME	Peter Blood
STREET ADDRESS	[REDACTED]	3.3 STREET ADDRESS	290 S.E. 5th Avenue
CITY-ST-ZIP	Fort Lauderdale, Florida 33306	3.4 CITY-ST-ZIP	Pompano Beach, Florida 33060
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	[REDACTED]	4.2 NAME	Mario Zuanetti
STREET ADDRESS	[REDACTED]	4.3 STREET ADDRESS	521 Riverside Drive #1008
CITY-ST-ZIP	[REDACTED]	4.4 CITY-ST-ZIP	Pompano Beach, Florida 33062
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	[REDACTED]	5.2 NAME	
STREET ADDRESS	[REDACTED]	5.3 STREET ADDRESS	
CITY-ST-ZIP	33335	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	[REDACTED]	6.2 NAME	
STREET ADDRESS	[REDACTED]	6.3 STREET ADDRESS	
CITY-ST-ZIP	C	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.

CR2E037 (9/96)

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