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Mar 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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**

3. Date Incorporated or Qualified

05/08/1996

4. FEI Number

65-0671018

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 1600 SW 3RD ST.

26 1624 E. ATLANTIC BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 POMPANO BEACH FL

28 POMPANO BEACH FL

Zip

Zip

24 33069

25 BEDWARD

29 33069

30 BEDWARD

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **RUDNER, EDWARD B**
STREET ADDRESS **1800 ELLER DR**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **D** ☐ DELETE

NAME **JOHNSON, JAN E**
STREET ADDRESS **3005 N.E. 31ST AVENUE**
CITY-ST-ZIP **LIGHTHOUSE POINT FL 33064**

TITLE **D** ☐ DELETE

NAME **BLOOD, PETER**
STREET ADDRESS **290 S.E. 5TH AVE**
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE **D** ☐ DELETE

NAME **ZUANETTI, MARIO**
STREET ADDRESS **521 RIVERSIDE DR, #1008**
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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, changed, or on an attachment with an address.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/98 954-988-9238

CR2E037 (10/97)