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May 14 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000006376 (5)

1. Corporation Name

HORSE HEAVEN, INC.

Principal Place of Business

7025 SOUTH TROPICAL TRAIL
MERRITT ISLAND FL 32952

Mailing Address

7025 SOUTH TROPICAL TRAIL
MERRITT ISLAND FL 32952-6607



3. Date Incorporated or Qualified
12/16/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 476 Highway A1A #7

22 City & State

27 City & State
Satellite Beach, FL

23 Zip Country

28 Zip Country
32937 Brevard

4. FEI Number

59-3421710

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

CHRITTON, J. KIRBY
ROGERS, TOWERS, BAILEY, ET AL
1301 RIVERPLACE BLVD., SUITE 1500
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

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

TITLE D CLIFFORD, MICHAEL K

NAME CLIFFORD, MICHAEL K
STREET ADDRESS 7025 SOUTH TROPICAL TRAIL
CITY-ST-ZIP MERRITT ISLAND FL 32952

TITLE D CLIFFORD, LINDSEY J

NAME CLIFFORD, LINDSEY J
STREET ADDRESS 7025 SOUTH TROPICAL TRAIL
CITY-ST-ZIP MERRITT ISLAND FL 32952

TITLE D JONES, PATI

NAME JONES, PATI
STREET ADDRESS 475 A1A HIGHWAY
CITY-ST-ZIP SATELLITE BEACH FL 32937

TITLE DELETED

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETED

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETED

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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.

Michael K. Clifford

Cl. Clifford

4-20-97

CR2E037 (9/96)