


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 20 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 # P27550
 1. Corporation Name
 ADOPT-A-HORSE, LTD., INC.

Principal Place of Business Mailing Address
 7609 West Josephine Road 7609 West Josephine Rd.
 Sebring, FL 33872 Lake Placid, FL 33852

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30 HIGHLANDS

3. Date Incorporated or Qualified	1/2/90
4. FEI Number	22-2954282
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
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
 JUDY PRICE DETORE
 7609 West Josephine Road
 Lake Placid, FL 33852

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 Judy Price Detore, Pres 3/16/98
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PST <input type="checkbox"/> DELETE
NAME	JUDY PRICE DETORE
STREET ADDRESS	7609 West Josephine Rd
CITY-ST-ZIP	Lake Placid, FL 33852
TITLE	SD <input type="checkbox"/> DELETE
NAME	Ronnie Yarbrough
STREET ADDRESS	253 Nursery Road
CITY-ST-ZIP	Sebring, FL 33872
TITLE	D <input type="checkbox"/> DELETE
NAME	CHUCK DETORE
STREET ADDRESS	7609 West Josephine Rd
CITY-ST-ZIP	Lake Placid, FL 33852
TITLE	D <input type="checkbox"/> DELETE
NAME	Helen Whittaker
STREET ADDRESS	132 Prado Court
CITY-ST-ZIP	Sebring, FL 33870
TITLE	D <input type="checkbox"/> DELETE
NAME	Karen Tyrrell
STREET ADDRESS	615 Maxanna Ave
CITY-ST-ZIP	Sebring, FL 33872
TITLE	D <input type="checkbox"/> DELETE
NAME	DON JONES, M.D.
STREET ADDRESS	3603 FAIRWAY
CITY-ST-ZIP	Sebring, FL 33872

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Kathy Smyth, P.A.
1.3 STREET ADDRESS	3603 Fairway
1.4 CITY-ST-ZIP	Sebring, FL 33872
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	600002464566
5.3 STREET ADDRESS	-03/23/98--01013--002
5.4 CITY-ST-ZIP	***\$1.25
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 if changed, or on an attachment with an address.

SIGNATURE: Judy Price Detore, President 3/16/98 (941)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 382-4483

CR2E037 (10/97)