FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P36584

(1)

NUT-TREE STABLES, INC.

FILED
Jan 20 1998 8:00am
Secretary of State



Principal Place of Business	Mailing Address		{	I DION DIVI OIVI DIVI DIVI POR
15898 LAUREL OAK CIRCLE	67 BARLOW DRIVE N			
DELRAY BEACH FL 33484	BROOKLYN NY 11234			
			DO NOT WRITE IN 1	HIS SPACE
			 Date Incorporated or Qualified 12/03/1991 	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		52-1751003	Not Applicable
Suite, Apt. #, etc. 22 Delray Beach F	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 3 3 4 8 4	28 Prooklyn	<i>N</i>), Y	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	, / Zip , /	Country /	8. This corporation owes or has paid the	o current year Intangible
24 25 1.5	7 / 29 11 2 3 3	0 4.5/1	Personal Property Tax due June 30.	☐ Yes ☐ No
g, Name and Address o	Current Registered Agent		10. Name and Address of New Registe	red Agent
NUSSBAUM, HELEN C				
15896 LAUREL OAK CIRCLE 82			ress (P.O. Box Number is Not Acceptable)	
DELRAY BEACH FL 33484				
		83		
		84 City		85 Zip Code
				┝┖┈╎┈┈
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.				
SIGNATURE	<u>.</u>			
Signature Typical or printed name of my 12. OF FIC	ge-treed agont and the it applicable (NOTE F ERS AND DIRECTORS	Registered Agent signature requi	and when reinstalling) DA ADDITIONS/CHANGES TO OFFICERS	
TITLE DP	DELETE	1.1 TOTE	ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME NUSSBAUM, HELEN	==::	1.2 NAME		
STREET ADDRESS 67 BARLOW DRIVE N		1.3 STREET ADDRESS		
000011111111111111111111111111111111111	Onth			
TITLE DT	DILLETE	1.4 CRY-S1-ZIP 2.1 TILLE		Change Addition
NAME NUSSBAUM, ARNOLD		2.2 NAME		
STREET ADDRESS 67 BARLOW DRIVE N		2 3 STREET ADDRESS		
City-s1-ZiP BROOKLYN NY	011111	2 4 CITY - ST - ZIP		
TITLE BS	DELETE	311111		Change Addition
NAME NUSSBAUM, ESTHER	•	3 2 NAME		
STREET ADDRESS 7564 REGENCY LAKE		33 STREET ADDRESS		
CITY-S1-ZIP BOCA RATON FL		3.4. CHTY-ST-ZIP		
TITLE BY	DELETE	4.1 TITLE		Charige Addition
NAME NUSSBAUM, MURRAY		4. 2 NAMI		
STREET ADDRESS 7564 REGENCY LAKE		4.3 STREET ADDRESS		
CITY-ST-ZIP BOCA RATON FL	7	4.4 CITY - ST - 7 IP		
THLE	DELETE	5.1 TIDLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADORESS		
City-St-ZiP		5.4 CITY - ST - ZIP		
TITLE	DELETE	6.1 TITLE		Change Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-S1-7IP		64 CITY-ST- ZIP		ľ
44 I horoby portify that the information ou	united with this filter does not suglify for		Continue 110 07/9/6) Elevide Ctatuton 11 wth	and the state of t

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 outh, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.