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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**FILED** 

Apr 29 1997 8:00am

Secretary of State

352-

DOCUMENT # P9200002915 (6)

STA-MAR STABLES, INC.

								<b>a</b> i <b>a</b> ii i <b>a</b> ii	
Principal Place of Businoss Mailing Address						1 INDUSTRI IIO FOITO HOIL GOHI DONI DONI	i natit aniin ilein ibiat ilei	#1 <b>0</b> 1(1 1 <b>00</b> )	
8801 NW HM MCINTOSH F			PO BOX J MCINTOSH FL 32664-0650						
						3. Date Incorporated or Qualified	3a. Date of Last Flo	eporl	
						11/02/1992	07/11/1996		
2. Principal	Place of Business	2a. Mailing	Address			4. FEI Number		plied For	
21		26				65-0373164	No	t Applicable	
Suite, Ap	i. #, etc.	Suite, A	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	Additional	
22		27				Fee Required			
City & Sta	ate	City & S	City & State			6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution Added to Fees			
Zip	Country	<del> </del> -1	Zip Country		y	8. This corporation has liability for intangible tax under s. 199.032,			
24	25			30		Florida Statutes Yes No			
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent			
	RECKER, CHARLES D			81	Name				
	1801 BISCAYNE BLVD.		6:		Street Add	Address (P.O. Box Number is Not Acceptable)			
	JITE <b>5</b> 05					NAPARA			
N.	MIAMI BEACH FL 33180			83					
				84	City		85 Zip C	Code	
								j	
office or agent. I		r.0502 and 607.1508, State of Florida. Such obligations of, Section	, Florida Statute i change was a n 607.0505, Flo	es, the abov authorized b orida Statute	e-named cor y the corpora s.	poration submits this statement for the pu ntion's board of directors. I hereby accep	rpose of changing its tithe appointment as	s registered registered	
SIGNATORE	Signature, typed or printed name of registrate	ed agent and title if appropah	e (NOIE	: Registered Ag	ent signature requ	ired when reinstating)	DATE		
12.	OFTICERS	S AND DIRECTORS		13.	v	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTOR	S IN 12	
TITLE	D		☐ DELETE	1.1 Till£			☐ Change	Addition	
NAME	OSTROV CRAFT, MARIE			1,2 NAME					
STREET ADDRESS	**********			1.3 STREE	LADORESS				
· CITY-ST-ZIP	MCINTOSH FL 32664	···		1.4 CHY-	S1 - ZIP				
TITLE	D		DELETE	2.1 TITLE			Change	Addition	
NAME	OSTROV, NORMAN S			2.2 NAME		•			
STREET ADDRESS	***************************************			2.3 STREE	ADDRESS				
CITY-ST-ZIP	MCINTOSH FL 32664			2. 4 CITY -	S1-7IP				
TITLE			∐ DELETE	. 3.1 TITLE		:	. Change	Addition	
NAME				3.2 NAME		•			
STREET ADDRESS				3.3 STREE	ADDRESS				
CITY-ST-ZIP		·		3.4. CHY-	ST - ZIP				
TITLE			L. DELETE	4.1 TITLE	j		Change	☐ Addition	
NAME				4. 2 NAME		·			
STREET ADDRESS	6 <b> </b>			4.3 STREE	ADDRESS				
CITY-ST-ZIP				4.4 CHY-3	SI - ZIP				
TITLE			DELETE	5 1 TITLE			Change	Addition	
NAME				5 2 NAMI					
STREET ADDRESS				5.3 STREE	ADDRESS				
CITY-ST-ZIP				5.4 CITY-3	ST - 71P				
TITLE			DELETE	6 1 TITLE			☐ Change	Addition	
NAME				6.2 NAME				•	
STREET ADDRESS				6.3 \$1RFF	ADDRESS				

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 grinual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the objective for trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or slock 13 if changed for the original report of the original report