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

FILED

98 JUN 15 PM 12:22

SECRETARY OF STATE
TALLAHASSEE FLORIDA

[redacted]

DOCUMENT # P94000023724 (5)

1. Corporation Name
EMERALD VIEW STABLES, INC.

Principal Place of Business	Mailing Address
16380 ONE MILE ROAD 301 YAMATO RD., SUITE 4150 DELRAY BEACH FL 33446 US	% SACHS & SAX P.A. 301 YAMATO RD., SUITE 4150 BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/28/1994

2. Principal Place of Business	2a. Mailing Address	FEI Number	Applied For
21 16380 One Mile Road	26 c/o Arnstein & Lehr 515 N. Flagler Drive	65-0477374	Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Suite 600	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 Delray Beach, FL	City & State 28 West Palm Beach, FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country 24 33446 / 25 USA	Zip / Country 29 33401 / 30 USA	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DANIELS, STEVEN L 301 YAMATO RD. SUITE 4150 BOCA RATON FL 33431	81 Name: Steven L. Daniels 82 Street Address (P.O. Box Number is Not Acceptable): Arnstein & Lehr, 515 N. Flagler Drive 83 Suite 600 84 City: West Palm Beach FL 85 Zip Code: 33401

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 _____ DATE
Signature, typed or printed name of registered agent, and date if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	MOLL, SONDRA	12 NAME	
STREET ADDRESS	5416 VANBUREN	13 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021	14 CITY-ST-ZIP	
TITLE	☐ DELETE	21 TITLE	
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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-06/19/98--01115--027
****400.00 ****400.00

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-06/19/98--01115--028
****150.00 ****150.00

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******8.75 ******8.75

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14. I hereby certify that the information indicated on 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added to the report with an address.

SIGNATURE: X Sondra Moll June 10, 1998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0325609