

4-5-97 B-8297 C  
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 8/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 05 1997 8:00am  
Secretary of State

|   |   |  |
|---|---|--|
| PROFIT CORPORATION<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # P94000056696 (5)

1. Corporation Name  
ROSELAND EQUINE, INC.



|  |  |
|--|--|
| Principal Place of Business<br>% LYNDALL SOULE<br>12355 ROSELAND ROAD<br>ROSELAND FL 32957 | Mailing Address<br>% LYNDALL SOULE<br>12355 ROSELAND ROAD<br>ROSELAND FL 32957 |
|--|--|

DO NOT WRITE IN THIS SPACE

|   |  |   |  |
|---|--|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country | 3. Date Incorporated or Qualified<br>08/01/1994<br>4. FEI Number<br>65-0505593<br>5. Certificate of Status Desired<br>6. Election Campaign Financing<br>Trust Fund Contribution<br>8. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30. | 3a. Date of Last Report<br>05/01/1996<br>Applied For<br>Not Applicable<br>\$8.75 Additional<br>Fee Required<br>\$5.00 May Be<br>Added to Fees<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
|---|--|---|--|

9. Name and Address of Current Registered Agent

SOULE, LYNDALL  
12355 ROSELAND ROAD  
ROSELAND FL 32957

|           |
|-----------|
| 81 Name   |
| 82 Street |
| 83        |
| 84 City   |

10. Name and Address of New Registered Agent

Please note  
FEI # is  
printed  
incorrectly  
it should be  
#65-0505934

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent; signature)

|                            |                     |                    |  |
|----------------------------|---------------------|--------------------|--|
| 12. OFFICERS AND DIRECTORS |                     | 13.                |  |
| TITLE                      | D                   | 1.1 TITLE          |  |
| NAME                       | SOULE, LYNDALL      | 1.2 NAME           |  |
| STREET ADDRESS             | 12355 ROSELAND ROAD | 1.3 STREET ADDRESS |  |
| CITY-ST-ZIP                | ROSELAND FL 32957   | 1.4 CITY-ST-ZIP    |  |
| TITLE                      |                     | 2.1 TITLE          |  |
| NAME                       |                     | 2.2 NAME           |  |
| STREET ADDRESS             |                     | 2.3 STREET ADDRESS |  |
| CITY-ST-ZIP                |                     | 2.4 CITY-ST-ZIP    |  |
| TITLE                      |                     | 3.1 TITLE          |  |
| NAME                       |                     | 3.2 NAME           |  |
| STREET ADDRESS             |                     | 3.3 STREET ADDRESS |  |
| CITY-ST-ZIP                |                     | 3.4 CITY-ST-ZIP    |  |
| TITLE                      |                     | 4.1 TITLE          |  |
| NAME                       |                     | 4.2 NAME           |  |
| STREET ADDRESS             |                     | 4.3 STREET ADDRESS |  |
| CITY-ST-ZIP                |                     | 4.4 CITY-ST-ZIP    |  |
| TITLE                      |                     | 5.1 TITLE          |  |
| NAME                       |                     | 5.2 NAME           |  |
| STREET ADDRESS             |                     | 5.3 STREET ADDRESS |  |
| CITY-ST-ZIP                |                     | 5.4 CITY-ST-ZIP    |  |
| TITLE                      |                     | 6.1 TITLE          |  |
| NAME                       |                     | 6.2 NAME           |  |
| STREET ADDRESS             |                     | 6.3 STREET ADDRESS |  |
| CITY-ST-ZIP                |                     | 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lyndall Soule 8/29/97 561-589-1970

CR2E034 (4/97)