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Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000063358 (3)

1. Corporation Name
EQUESTRIAN PROPERTIES, INC.



Principal Place of Business

251 ROYAL PALM WAY
6TH FLOOR
PALM BEACH FL 33480

Mailing Address

MENDOZA, CALLAS & SCHILLING
251 ROYAL PALM WAY, #602
PALM BEACH FL 33480-4376
US

3. Date Incorporated or Qualified
08/22/1994

3a. Date of Last Report
03/25/1996

21 2. Principal Place of Business
350 S. County Rd.

26 2a. Mailing Address
350 S. County Rd.

4. FEI Number
65-0517425

Applied For
Not Applicable

22 Suite, Apt. #, etc.
203

27 Suite, Apt. #, etc.
203

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 City & State
Palm Bch

28 City & State
Palm Bch.

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip
33480

25 Country

29 Zip
33480

30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DE MENDOZA, MARIO G III
251 ROYAL PALM WAY
6TH FLOOR
PALM BEACH FL 33480

81 Name
Byron, Evelyn S.

82 Street Address (P.O. Box Number is not acceptable)
350 S. County Road - S # 203

83

84 City
Palm Beach FL 85 Zip Code
33480

11. Pursuant to the provisions of Sections 607.0502 and 607.0505, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME PSTD
BYRON, EVELYN S.
STREET ADDRESS 251 ROYAL PALM WAY, 6TH FL
CITY - ST - ZIP PALM BEACH FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS 350 S. County Road - S # 203
1.4 CITY - ST - ZIP Palm Beach, FL 33480

TITLE DELETE
NAME AS
MENDOZA, MARIO G. DE III
STREET ADDRESS 251 ROYAL PALM WAY, 6TH FL
CITY - ST - ZIP PALM BEACH FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE DELETE
NAME AS
WILKINSON, DEBRA
STREET ADDRESS 251 ROYAL PALM WAY, 6TH FL
CITY - ST - ZIP PALM BEACH FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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 in an attachment to this address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)