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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000001135 (9)

1. Corporation Name

MARC AUBIN STABLE INC.



Principal Place of Business

831 LYONS RD #23202
COCONUT CREEK FL 33063

Mailing Address

831 LYONS RD #23202
COCONUT CREEK FL 33063

3. Date Incorporated or Qualified

01/05/1995

3a. Date of Last Report

2. Principal Place of Business

21 2901 Palm Air Dr. S.

2a. Mailing Address

26 Bldg # 31

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Unit 401

City & State

City & State

23

28 Pompano B.

Zip Country

Zip Country

24 33069

25

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9. Name and Address of Current Registered Agent

MORRELL, PAULA
831 LYONS RD #23202
COCONUT CREEK FL 33063

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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, if not applicable

Signature typed or printed name of registered agent, if not applicable

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME MORRELL, PAULA
STREET ADDRESS 831 LYONS RD #23202
CITY-ST-ZIP COCONUT CREEK FL 33063

☐ DELETE

TITLE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME MARK Aubin
13 STREET ADDRESS 2901 Palm Air Drive South
14 CITY-ST-ZIP Bldg #31 Unit #401
Pompano Beach FL 33069

☒ Change ☐ Addition

21 TITLE
22 NAME Paula M. Aubin
23 STREET ADDRESS 2901 Palm Air Drive South
24 CITY-ST-ZIP Bldg #31 Unit #401
Pompano Beach FL 33069

☒ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

DATE

Day, Time, Place

CR2E034 (12/95)