## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

COBPORATION



FLORIDA DEPARTMENT OF STATE

ANNUAL RI	IAL REPORT Secretary of State  DIVISION OF CORPORATIONS								
DOCUMEN 1. Corporation Name	т# <b>Р950</b> 0	00023870	(5)						
R & R STABLES, INC.									
Principal Place of Busin	ness	Mailing Address							EBH BBH 1861
5254 PALM WAY LAKE WORTH FL 33463  5254 PALM WAY LAKE WORTH FL 33463						Date incorporated or Qualified			
						03/24/1995			
2. Principa! Place of B	lusiness		2a. Mailing Address			1. FEI Number			pplied For lot Applicable
Suite, Apt. #, etc.		26     Suite, Apt. #	Suite, Apt. #, etc			5. Certificate of Status Desired	F) \$8		Additional
22		27							tequired
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution			May Be I to Fees
Zip	Country	Zip		ountry	,	8. This corporation has liability for	jatangible tax und		
24	25	[29]	30			Florida Statutes	s No Registered Agen	 \t	
9. N	ame and Address of Curr	ent Registered Agent		81	Name	To. Maile and Address of New 1	Togratered Agen		
OATES, DANIE	1 <b>F</b>			82	Street Ad	Idress (P.O. Box Number is Not Accepta	ble)		
1500 E ATLANTIC BLVD				L					
SUITE B				83					
POMPANO BEACH FL 33060				84	City		FL 85	Zip	Code
SIGNATURE	rovisions of Sections 607.05 at, or both, in the State of Fl accept the obligations of, Si tyred or proted name of registered as					poration submits this statement for the pupord of directors. Thereby accept the appropriate the control of the	impose of changing non-intrinent as regis	itered Leg_	agent. I am
12.		AND DIRECTORS	I 13			ADDITIONS/CHANGES TO OF			
TITLE	President,	□ DE	<b>L</b>	1 TITLE			☐ Ch	ange	Addition
NAME S	ichard King	<b>&gt;</b>		NAME	* *505500				
1 1 1 2 2	re Worth P	7. 33463		4 CITY -	T ADURESS				
TITLE LO	Pres.			1 TILE	.,		☐ Ch	ange	Addition
NAME D'.	hert Edding	•	2	2 NAME					
STREET ADDRESS	19 Eastview	Drive			1 ADDRESS				
CITY-ST-ZIP LQ	ntana H.	<u>33462</u> □ DE		4 Cal Y · 1 Ti'l E				iange	Addition
TITLE NAME				2 NAME				·	_
STREET ADDRESS			L		ET ADDRESS				
CHY-S1-ZIP				4 CITY -	S1 - ZiF				
TATLE		□ DE		1 TITLE			[] Cr	iange	Addition
NAME				2 NAME 2 OTOLO					
STREET ADDRESS				a Sintr 4 City -	H ADDRESS ST-7iP				
CITY-S1-ZIF TILE		[] DI		1 TITLE			Cr	ange	☐ Addition
NAME			5	2 NAME					
STREET ADORESS			1		T ADDRESS				
CITY- ST - ZIP		<u> </u>		4 CITY -				nanne	Addition
TYTLE			1	1 TITLE 2 NAME			LJ V	·9~	
NAME CEDELL ADDRESS					ET ADDRESS				
STREET ADDRESS					ST-7IP				

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)(4). 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 chapted, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OPPRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)