## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT

Mar 14 1997 8:00am CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # P95000023870 (5) R & R STABLES, INC. Principal Place of Business Mailing Address 5254 PALM WAY 5254 PALM WAY LAKE WORTH FL 33463 LAKE WORTH FL 33463-8016 3. Date Incorporated or Qualified 3a. Date of Last Report 03/24/1995 04/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0589895 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country Country Zip 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name OATES, DANIEL E 1500 E ATLANTIC BLVD 82 Street Address (P.O. Box Number is Not Acceptable) SUITE B 83 POMPANO BEACH FL 33060 84 City Zip Code 85 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 Signature, typed or printed name of registered agent and trie if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 96/6) DITEIL Change TITLE 1.1 THE Addition NAME KING, RICHARD 1.2 NAME STREET ADDRESS 5254 PALM WAY 1.3 STREET ADDRESS LAKE WORTH FL CiTY-ST-ZIP 1.4 CITY- \$1-7IP DELETE 2.1 TULE Change Addition TITLE **EDDINS. ROBERT** NAME 2.2 NAME **6529 EASTVIEW DRIVE** STREET ADDRESS 2.3 STREET ADDRESS LANTANA FL 2 4 CITY - ST - 7/P CITY-ST-ZIP DELETE 3.1 THLE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CPTY - ST - 7:P TITLE DELFTE 4 1 1171. Change Addition NAME 4. 2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CHY-ST-ZIP DELETE TITLE Change Addition 51700 NAME 6.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP DELLIE Change Addition TITLE 6.1 HILE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - \$1 - 7/P 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 abruual 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

Inv

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SIN- GLANSAR

appears in Block 12 or Block 13 if changed, or on an attachment with an address

FLORIDA DEPARTMENT OF STATE

**FILED**