

2-24 98 B2433 C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P95000072592 (5)
 1. Corporation Name
HORSE AND CHAISE RENTALS AND PROPERTY MANAGEMENT, INC.



Principal Place of Business: **150 NORTH NOKOMIS AVE. VENICE FL 34285**
 Mailing Address: **150 NORTH NOKOMIS AVE. VENICE FL 34285**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	09/14/1995	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	65-0808957	
24	Country	29	Country	Applied For	
25		30		Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired	
BRADWAY, LINDA S 150 NORTH NOKOMIS AVE. VENICE FL 34285				8. Election Campaign Financing Trust Fund Contribution	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BRADWAY, LINDA S 150 NORTH NOKOMIS AVE. VENICE FL 34285				81 Name			
				HELENE B. Mac Donald			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				150 N. NOKOMIS AVE			
				83			
				84 City			
				VENICE			
				FL			
				85 Zip Code			
				34292			

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: **HELENE B. MAC DONALD PRES.** *Helene Macdonald Pres* 2/17/98
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	P BRADWAY, LINDA S <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRES. <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRADWAY, LINDA S	1.2 NAME	HELENE B. MAC DONALD
STREET ADDRESS	150 NORTH NOKOMIS AVE.	1.3 STREET ADDRESS	150 N. NOKOMIS AVE
CITY-ST-ZIP	VENICE FL 34285	1.4 CITY-ST-ZIP	VENICE, FL. 34285
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: *Helene Macdonald* 2/17/98 941-483-3331

CR2E034 (10/97)