


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

FILED  
May 09 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # P95000075492 (5)  
1. Corporation Name

FORT BARTON STABLES, INC.

Principal Place of Business  
HC 2 BOX 8204-A  
TALLAHASSEE, FL 32310

Mailing Address  
2101-N--ANDREWS-AVENUE  
SUITE-200  
FORT LAUDERDALE, FL--33311

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/25/1995		3a. Date of Last Report	
21	Suite, Apt. #, etc.	26	600 N.E. 3rd STREET	4. FEI Number 59-3336893		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	FORT LAUDERDALE, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	33304	30		US	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

BIRR, JAMES O. JR.  
2101-N--ANDREWS-AVENUE  
SUITE-200  
FORT LAUDERDALE, FL--33311

81 Name  
BIRR, JAMES O. JR.  
82 Street Address (P.O. Box Number is Not Acceptable)  
600 N.E. 3rd AVENUE  
83  
84 City  
FORT LAUDERDALE  
85 Zip Code  
FL 33304

11. Pursuant to the provisions of Sections 607.0502 and 607.1306, 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: *James O. Birr, Jr.* James O. Birr, Jr., Registered Agent 4/29/97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	CITY, ST, ZIP	1.3 STREET ADDRESS	1.4 CITY, ST, ZIP
VP	BARTON, LONNIE D.	2.1 TITLE	2.2 NAME
HC 2 BOX 8204-A	TALLAHASSEE, FL 32310	2.3 STREET ADDRESS	2.4 CITY, ST, ZIP
VP	BARTON, NADINE J.	3.1 TITLE	3.2 NAME
HC 2 BOX 8204-A	TALLAHASSEE, FL 32310	3.3 STREET ADDRESS	3.4 CITY, ST, ZIP
8/T	FORSMAN, BURTON J.	4.1 TITLE	4.2 NAME
3419 APALACHEE PARKWAY	TALLAHASSEE, FL 32311	4.3 STREET ADDRESS	4.4 CITY, ST, ZIP
		5.1 TITLE	5.2 NAME
		5.3 STREET ADDRESS	5.4 CITY, ST, ZIP
		6.1 TITLE	6.2 NAME
		6.3 STREET ADDRESS	6.4 CITY, ST, ZIP

4-9-97

000002185880  
-05/21/97--01003--013  
\*\*\*165.00

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, changed or on an attachment with an address.

SIGNATURE: *Lonnie Barton* Lonnie Barton  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-97 954524 6076  
Date Daytime Phone #

CR2E034 (9/96)