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Feb 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000084457 (7)

1. Corporation Name
FAUST STABLES, LTD. INC.

Principal Place of Business

C/O FRANK F. FEROLA
144 JUPITER KEY ROAD
JUPITER FL 33477

Mailing Address

C/O FRANK F. FEROLA
144 JUPITER KEY ROAD
JUPITER FL 33477-7346



3. Date Incorporated or Qualified
10/30/1995

3a. Date of Last Report
04/18/1996

4. FEI Number

65-0619681

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

FEROLA, FRANK F
144 JUPITER KEY ROAD
JUPITER FL 33477

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 607.1508, 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D/P
NAME FEROLA, FRANK F
STREET ADDRESS 144 JUPITER KEY ROAD
CITY-ST-ZIP JUPITER FL 33477

TITLE D
NAME LETIZIA, STEPHEN
STREET ADDRESS 260 DAVENPORT AVENUE
CITY-ST-ZIP NEW ROCHELLE NY 10805

TITLE D
NAME MACKIN, RICHARD
STREET ADDRESS 18090 CLEARBROOK CIRCLE
CITY-ST-ZIP BOCA RATON FL 33498

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S
1.2 NAME ANNE FEROLA
1.3 STREET ADDRESS 8896 SE HARBOR ISLAND WAY
1.4 CITY-ST-ZIP HOBE SOUND, FL 33455

2.1 TITLE D
2.2 NAME VERA FEROLA
2.3 STREET ADDRESS 144 JUPITER KEY ROAD
2.4 CITY-ST-ZIP JUPITER, FL 33477

3.1 TITLE D
3.2 NAME RICHARD MACKIN
3.3 STREET ADDRESS 8896 SE HARBOR ISLAND WAY
3.4 CITY-ST-ZIP HOBE SOUND, FL 33455

4.1 TITLE
4.2 NAME
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

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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #