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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 29 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000084457 (7)

FAUST STABLES, LTD. INC.

CITY-ST-ZIP

Principal Place	of Business	Mailing Addr	ess	• • •			1 10011901 110 11	BIÐI ÐIJIN ÐÐIN BÐÍNF	OBINI ABERE IA	HE BEDEL WHOMA	13111 1 <b>00</b> 1 1 <b>00</b> 1
C/O FRANK F. 144 JUPITER M JUPITER FL 33	KEY ROAD	C/O FRANK F. FEROLA 144 JUPITER KEY ROAD JUPITER FL 33477				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified					
							10/30/199		ı		
2. Principal Place of Business 2a.			a. Mailing Address				4. FEI Number	V		17	Applied For
21		26					65-06196	81			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.					5. Certificate of S		П	\$8.75	Additional
22		27					<b>9.</b> Certificate of C			Fee I	Required
City & State		City & State				,	6. Election Camp Trust Fund Co				D May Be d to Fees
Zip	Country	Zφ		Country	,		8. This corporation	on owes or has	paid the cu	rrent year I	ntangible
24	25	29		30				erty Tax due Jui			<b>⊠</b> No
	9. Name and Address of Curren	it Registered Age	nt				10. Name and Ad	Idress of New F	Registered	Agent	
FER	OLA, FRANK F			81	Name	1					
	Jupiter Key Road Iter fl 33477					Address	ress (P.O. Box Number is Not Acceptable)				
				83		•					
				84	City				FL	85 Zip	Code
11. Pursuant to	the provisions of Sections 607.050	2 and 607.1508, F	lorida Statute	es, the above	L e-named	d corpora	ation submits this s	statement for the	purpose o	f changing	its registered
office or re	egistered agent, or both, in the State in familiar with, and accept the obligation	of Florida, Such d aligns of Section 6	hange was a 307 0505 Fic	authorized by oride Statutes	the cor	poration	's board of directo	rs. I hereby acc	ept the ap	pointment a	s registered
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CICALATLIDE											
SIGNATURE 5	Signature, typed or printed name of registered age	aldshifted it applicable	(NOTE	L. Registered Age	ent signaturi	e required v	when reinstating)		DATE		<del></del>
	Signature, typed or printed harmo of registered age OFFICERS AND		(NOTE	L. Registered Age	ent signaturi	e required v	when reinstating) ADDITIONS/CH	ANGES TO OFF		D DIRECTO	PRS IN 12
5	OFFICERS AND	D DIRECTORS	(NOTE		ent signaturi	e required v		ANGES TO OFF		D DIRECTO	
12.	OFFICERS AND  DP  FEROLA, FRANK F	D DIRECTORS		13.	ent signaturi	e required v		ANGES TO OFF		_	
12.	DP FEROLA, FRANK F 144 JUPITER KEY ROAD	D DIRECTORS		<b>13.</b> 1.1 TITLE		e required v		ANGES TO OFF		_	
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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 179 receiver or mosters 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 or an attachment with an address.

6.4 CITY - ST - ZIP