

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

FILED
Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
-------------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

DOCUMENT # **P96000014485 (2)**

1. Corporation Name
BOCAIRE RACING STABLES, INC.

Principal Place of Business 2255 GLADES ROAD #420A BOCA RATON FL 33431	Mailing Address 2255 GLADES ROAD #420A BOCA RATON FL 33431-7388
--------------------------------------------------------------------------------------	-------------------------------------------------------------------------------



2. Principal Place of Business 21 17183 SHADDOCK LN		2a. Mailing Address 26 17183 SHADDOCK LN		3. Date Incorporated or Qualified 02/15/1996	3a. Date of Last Report None
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FBI Number 65-0658970	Applied For <input type="checkbox"/> Not Applicable
23. City & State BOCA RATON FL		28. City & State BOCA RATON FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24. Zip 33487		29. Zip 33487		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25. Country P.B.		30. Country P.B.		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent FILINGS, INC. 3732 N.W. 16TH STREET FORT LAUDERDALE FL 33311		10. Name and Address of New Registered Agent	
		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	
		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D + PR.	<input type="checkbox"/> DELETE	1.1 TITLE D + PR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FRIEDEL, ALLAN N		1.2 NAME FRIEDEL, ALLAN N	
STREET ADDRESS 2255 GLADES ROAD #420A		1.3 STREET ADDRESS 4936 BOCAIRE BLVD	
CITY-ST-ZIP BOCA RATON FL 33431		1.4 CITY-ST-ZIP BOCA RATON FL 33487	
TITLE D + TR.	<input type="checkbox"/> DELETE	2.1 TITLE D + TR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROSENBERG, NORTON		2.2 NAME ROSENBERG, NORTON A	
STREET ADDRESS 2255 GLADES ROAD #420A		2.3 STREET ADDRESS 17183 SHADDOCK LN	
CITY-ST-ZIP BOCA RATON FL 33431		2.4 CITY-ST-ZIP BOCA RATON FL 33487	
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 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: Norton Rosenberg, Jr. Director 4/14/97 861241-1166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)