


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

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000052987**

1. Corporation Name  
**HORSE SHOW SERVICES, INC.**

Principal Place of Business  
**3104 CHERRY PALM DRIVE STE 220  
TAMPA FL 33619**

Mailing Address  
**3104 CHERRY PALM DRIVE STE 220  
TAMPA FL 33619**

FILED  
99 MAY 20 AM 11:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



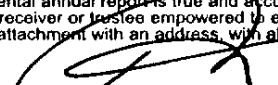
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/14/1996</b>	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>59-3398467</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Country	29 Country	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>MORRISSEY, PATRICK W 3104 CHERRY PALM DRIVE STE 220 TAMPA FL 33619</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable) <b>000002895590--4</b>	
				83 City <b>-06/04/99--01087--021</b>	
				84 City <b>***158.75 FL *** 06/04/99</b>	

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								13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE	D	MORRISSEY, PATRICK W						11 TITLE						<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3104 CHERRY PALM DRIVE STE 220						12 NAME							
STREET ADDRESS		TAMPA FL 33619						13 STREET ADDRESS							
CITY-ST-ZIP								14 CITY-ST-ZIP							
TITLE	D	MORRISSEY, MICHAEL J						21 TITLE						<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3104 CHERRY PALM DRIVE STE 220						22 NAME							
STREET ADDRESS		TAMPA FL 33619						23 STREET ADDRESS							
CITY-ST-ZIP								24 CITY-ST-ZIP							
TITLE	D	MISCHE, EUGENE R						31 TITLE						<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3104 CHERRY PALM DRIVE STE 220						32 NAME							
STREET ADDRESS		TAMPA FL 33619						33 STREET ADDRESS							
CITY-ST-ZIP								34 CITY-ST-ZIP							
TITLE								41 TITLE						<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME								42 NAME							
STREET ADDRESS								43 STREET ADDRESS							
CITY-ST-ZIP								44 CITY-ST-ZIP							
TITLE								51 TITLE						<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME								52 NAME							
STREET ADDRESS								53 STREET ADDRESS							
CITY-ST-ZIP								54 CITY-ST-ZIP							
TITLE								61 TITLE						<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME								62 NAME							
STREET ADDRESS								63 STREET ADDRESS							
CITY-ST-ZIP								64 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)(f), 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, with all other like empowered.

SIGNATURE:  1/11/99 813 623 5801