


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

**FILED**  
**Jul 01 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
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**DOCUMENT # P96000056238 (4)**  
 1. Corporation Name  
**WHITE HORSE, INC.**



Principal Place of Business <b>2367 CORAL POINT DRIVE                  CAPE CORAL FL 33990</b>	Mailing Address <b>2367 CORAL POINT DRIVE                  CAPE CORAL FL 33990-3812</b>
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3. Date Incorporated or Qualified <b>06/28/1996</b>	3a. Date of Last Report
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2. Principal Place of Business <b>21 13880 Treeline Ave S</b> Suite, Apt. #, etc. <b>22 Suite 1</b> City & State <b>23 Fort Myers, FL</b> Zip <b>24 33913</b> Country <b>25 USA</b>	2a. Mailing Address <b>26 same</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country <b>30</b>
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4. FEI Number <b>65-0682087</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**YEARTY, FRANK**  
**2367 CORAL POINT DRIVE**  
**CAPE CORAL FL 33990**

10. Name and Address of New Registered Agent  
**81 Name Michael L. Yearty**  
**82 Street Address (P.O. Box Number is Not Acceptable) 13880 Treeline Ave S**  
**83 Suite 1**  
**84 City Fort Myers FL 85 Zip Code 33913**

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 **MICHAEL L. YEARTY** *Michael Yearty* DATE **6-27-97**

12. OFFICERS AND DIRECTORS

TITLE	<b>President/Secretary</b> <input type="checkbox"/> DELETE
NAME	<b>Michael L. Yearty</b>
STREET ADDRESS	<b>13880 Treeline Ave S, #1</b>
CITY-ST-ZIP	<b>Fort Myers, Fl 33913</b>
TITLE	<b>V. President/Treasurer</b> <input type="checkbox"/> DELETE
NAME	<b>Cynthia J. Jackson</b>
STREET ADDRESS	<b>13880 Treeline Ave S, #1</b>
CITY-ST-ZIP	<b>Fort Myers, Fl 33913</b>
TITLE	<input type="checkbox"/> DELETE
TITLE	<input type="checkbox"/> DELETE
TITLE	<input type="checkbox"/> DELETE
TITLE	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **CYNTHIA J. JACKSON** *Cynthia Jackson* DATE **6-27-97**

CR2E034 (9/96)