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FILED  
Apr 25 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 # P96000057247 (4)

1. Corporation Name

BLACK HORSE CELLARS LTD., INC.

Principal Place of Business

137 E HAMPTON WAY  
JUPITER FL 33458

Mailing Address

137 E HAMPTON WAY  
JUPITER FL 33458-8143



3. Date Incorporated or Qualified

07/08/1996

3a. Date of Last Report

2. Principal Place of Business

21 208 N US Hwy ONE

Suite, Apt. #, etc.

22 #10

City, State

23 TEQUESTA, FL

Zip

24 33469

Country

25 LISA

2a. Mailing Address

26 2002-20th LANE

Suite, Apt. #, etc.

27

City, State

28 PALM BCH GDNS. FL

Zip

29 33418

Country

30 LISA

4. FEI Number

EIN 56-0680961

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

9. Name and Address of Current Registered Agent

CORPORATE CREATIONS ENTERPRISES, INC.  
421 PGA BOULEVARD #211  
PALM BEACH GARDENS FL 33418

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)*  
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 ☐ DELETE

NAME D ELLIS, MICHAEL J  
STREET ADDRESS 137 E HAMPTON WAY  
CITY-ST-ZIP JUPITER FL 33458

TITLE ☒ DELETE

NAME D CARPENTER, WILLIAM M  
STREET ADDRESS 137 E HAMPTON WAY  
CITY-ST-ZIP JUPITER FL 33458

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME PRESIDENT D. MICHAEL J. ELLIS  
1.3 STREET ADDRESS 2002-20th LANE  
1.4 CITY-ST-ZIP PALM BEACH GDNS, FL 33418

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME SECRETARY D. CHRISTINA A. BROWN  
2.3 STREET ADDRESS 2002-20th LANE  
2.4 CITY-ST-ZIP PALM BEACH GDNS, FL 33418

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: *(Signature)* MICHAEL ELLIS April 21, 1997 561.626.249

CR2E034 (9/96)