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Feb 11 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 # P96000062692 (4)

1. Corporation Name
PALM BEACH EQUESTRIAN, INC.



Principal Place of Business
1645 PALM BEACH LAKES BLVD.
SUITE 1050
WEST PALM BEACH FL 33401

Mailing Address
1645 PALM BEACH LAKES BLVD.
SUITE 1050
WEST PALM BEACH FL 33401-2273

3. Date Incorporated or Qualified
07/24/1996

3a. Date of Last Report

2. Principal Place of Business
21 222 Lakeview Ave

2a. Mailing Address
26 222 Lakeview Ave

4. FEI Number
65-0695788

Applied For
Not Applicable

22 PA 5

27 PA 5

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 West Palm Beach, FL

28 West Palm Beach, FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 33401

25 USA

29 33401

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRAMS, DANIEL J ESQ.
1645 PALM BEACH LAKES BLVD.
SUITE 1050
WEST PALM BEACH FL 33401

81 Name Pedro Morrison

82 Street Address (P.O. Box Number is Not Acceptable)
222 Lakeview Ave

83

84 City West Palm Beach

FL

85 Zip Code 33401

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 DPVP
NAME BRAMS, DANIEL J
STREET ADDRESS 1645 PALM BEACH LAKES BLVD., SUITE 1050
CITY-ST-ZIP WEST PALM BEACH FL 33401

1.1 TITLE President
1.2 NAME Pedro Morrison
1.3 STREET ADDRESS 222 Lakeview Ave PH 5
1.4 CITY-ST-ZIP West Palm Beach, FL 33401

TITLE ST
NAME BRAMS, DANIEL J
STREET ADDRESS 1645 PALM BEACH LAKES BLVD., SUITE 1050
CITY-ST-ZIP WEST PALM BEACH FL 33401

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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 typed or printed name of signing officer or director

President 1/23/98 407/326430
Date Daytime Phone #

CR2E034 (9/96)