

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

FILED

**Oct 09 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000084563 (1)

1. Corporation Name
D & M HORSE TRANSPORTATION, INC.



Principal Place of Business
**C/O 431 HOLIDAY DRIVE
HALLANDALE FL 33009**

Mailing Address
**C/O 431 HOLIDAY DRIVE
HALLANDALE FL 33009**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 **851 THREE ISLAND BLVD**
Suite, Apt. #, etc.
22 **APT 201**
City & State
23 **HALLANDALE - FL**
Zip Country
24 **33009** 25

2a. Mailing Address
26 **P.O. Box 85039**
Suite, Apt. #, etc.
27
City & State
28 **HALLANDALE FL**
Zip Country
29 **33008** 30

3. Date Incorporated or Qualified
10/14/1996

4. FEI Number
65-0702938 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 owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**MOUBARAK, MOHAMMED
C/O 431 HOLIDAY DRIVE
HALLANDALE FL 33009**

10. Name and Address of New Registered Agent

81 Name **EDMOND L. SUGAR, P.A.**
82 Street Address (P.O. Box Number is Not Acceptable)
950 S. FEDERAL HWY
83
84 City **HOLLYWOOD** FL 85 Zip Code **33020**

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 registrant if applicable)

(NOTE: Registered Agent signature required when reinstating)

2/19/98
DATE

OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
<input checked="" type="checkbox"/>	D MOUBARAK, MOHAMMED	C/O 431 HOLIDAY DRIVE HALLANDALE FL 33009		
<input type="checkbox"/>	D NAJEM, AMIN	C/O 431 HOLIDAY DRIVE HALLANDALE FL 33009		
<input type="checkbox"/>	D MACDONALD, DOUGLAS T	C/O 431 HOLIDAY DRIVE HALLANDALE FL 33009		
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	Change	Addition
<input type="checkbox"/>	1.1 TITLE				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	1.2 NAME					
<input type="checkbox"/>	1.3 STREET ADDRESS					
<input type="checkbox"/>	1.4 CITY - ST - ZIP					
<input checked="" type="checkbox"/>	2.1 TITLE	PRES, SEC, TAX			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	2.2 NAME	851 THREE ISLANDS BLVD # 201				
<input type="checkbox"/>	2.3 STREET ADDRESS	HALLANDALE, FL 33009				
<input type="checkbox"/>	2.4 CITY - ST - ZIP					
<input checked="" type="checkbox"/>	3.1 TITLE	N/A			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	3.2 NAME					
<input type="checkbox"/>	3.3 STREET ADDRESS					
<input type="checkbox"/>	3.4 CITY - ST - ZIP					
<input type="checkbox"/>	4.1 TITLE				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	4.2 NAME					
<input type="checkbox"/>	4.3 STREET ADDRESS					
<input type="checkbox"/>	4.4 CITY - ST - ZIP					
<input type="checkbox"/>	5.1 TITLE				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	5.2 NAME					
<input type="checkbox"/>	5.3 STREET ADDRESS					
<input type="checkbox"/>	5.4 CITY - ST - ZIP					
<input type="checkbox"/>	6.1 TITLE				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	6.2 NAME					
<input type="checkbox"/>	6.3 STREET ADDRESS					
<input type="checkbox"/>	6.4 CITY - ST - ZIP					

**100002662121
-10/13/98--01010--019
***150.00**

14. I 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

CR2E034 (10/97)