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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000094290 (9)

SOUTHERN HORSEPITALITY STABLES, INC.

FILED May 08 1997 8:00am Secretary of State



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Principal Place of Business Mailing Address					1 16811381 116 (B)14 41111 88(11 8344 98)1	1 ME118 18111 BIGIG 11818	7.30 (I) 0 0 I (9 0 C
2981 BUCK RII LOXAHATCHEE		2981 BUCK RIDGE TRAIL LOXAHATCHEE FL 33470-2508					
					3. Date Incorporated or Qualified 11/14/1996	3a. Date of La	st Report
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26		65-0708269	,	Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	□ \$8.7	\$8.75 Additional Fee Required	
City & State		City & Stato		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Feos		
Zip	Country Zip Country		У	8. This corporation has liability for intangible tax under s. 199.032,			
24	25 29 30			Florida Statutes			
	9. Name and Address of Curren	nt Registered Agent		 	10. Name and Address of New Re	gistered Agent	
	ISSER, ROBERT C		81	l Name			
	1 BUCK RIDGE TRAIL	82 Street		Street Ad	Address (P.O. Box Number is Not Acceptable)		
FOX	AHATCHEE FL 33470			<u> </u>			
			65	'			
			84	City		FL 85	Zip Code
11. Pursuani	to the provisions of Sections 607.050	2 and 607.1508, Florida Statut	es, the abov	ve-named co	progration submits this statement for the p		ng its registered
office or r	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida, Such change was a ations of Section 607 0505. Flo	authorized b orida Statute	y the corpor	propriation submits this statement for the particular acceptation's board of directors. Thereby acceptations	ot the appointmen	t as registered
SIGNATURE	transport transp						
SIGNATURE	Signature, typed or printed name of registered ago	ont and title if applicable. (NO)	F: Flogistered Ap	gent signature rec	quired when reinstaling)	DATE	
12.	OFFICERS AN	· · · · · · · · · · · · · · · · · · ·	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE		☐ DELETE	1.1 TITLE			☐ Char	nge Addition
NAME			1.2 NAME		KENNGTH V. UHL 2981 BUCK RIDGS	770411	
STREET ADDRESS				T ADDRESS	LOXANATCHEE F	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•
CITY-ST-ZIP TITLE		DELETE	1.4 C(1Y- 2.1 Title	ST-ZIP	LUXHAHICHEG F	Char	
NAME		□ brait	2.1 MLE 2.2 NAME	}		LI CHAI	ige [_] Adollidii
STREET ADDRESS							
CITY-ST-ZIP			2.4 CITY	T ADDRESS			
TITLE		DELETE	3.1 TITLE	- 51-21		Char	nge Addition
NAME		Page of the Control	3.2 NAME				-g- hourst res arriver
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			3.4. CITY	· · · · · · · · · · · · · · · · · · ·			
TITLE		☐ DELETE	4.1 TITLE			Char	nge Addition
NAME			4. 2 NAM	E \			
STREET ADDRESS			4.3 \$TREE	1 ADDRESS			
CITY-ST-Z#P			4.4 CiTY-	ST-ZIP			
TITLE		DELETE	51 THLE			☐ Char	nge [] Addition
NAME			5.2 NAME	·			
STREET ADDRESS			5.3 \$1RE6	T ADDRESS			
CITY-ST-ZIP			5.4 ÇITY-	ST-ZIP			
TITLE		☐ DELETE	6.1 11TLF			☐ Char	nge [] Addition
NAME			6.2 NAME				
STREET ADDRESS			63 STREE	1 ADDRESS			
CITY-ST-ZIP			64 CITY-	S1-ZIP			

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.