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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000096452 (3)**

NOAH & BURTON ASSOCIATES, INC.

D/B/A CHRIS ADUAL STABLES

Principal Place of Business

10104 N.W. 47TH ST SUNRISE FL 33351

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22

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\$100 BY 18

Mailing Address

10194 N.W. 47TH ST SUNRISE FL 33351

FILED Feb 04 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/21/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 65-0710769 Not Applicable 26 Sulte, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 Country Country Zio 8. This corporation owes or has paid the current year Intangible ☐ No Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HELMAN, NANCY 10194 N.W. 47TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) SUNRISE FL 33351 83 City 85 Zip Code

11. Pursuant to the previsions 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered open and title it apposable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE D TITLE 1.11000 Change Addition HELMAN, NANCY 12 NAME 7411 NO CYPRESS HEAD DRIVE STREET ADDRESS 1.3 STREET ADDRESS PARKLAND FL CITY-ST-ZIP 1.4 CITY-ST-7IP DELETE ☐ Change Addition 2.1 10 LE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition 3.1 TITUE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - \$1 - ZIP DELETE Change Addition TITLE 4.1 TiTLE 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-\$1-2IP 4.4 CITY - \$1 - 7/F DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME 800002422978 STREET ADDRESS 5.3 STREET ADDRESS -02/06/98--01002--014 CITY-ST-7IP 54 CITY-SI 7iP ***150.00 UFLETE Addition TITLE 6.1 THUE 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby certify that the information supplied with this filling 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 suppliencement surrived report is true and accurate and that my signature shall have the same legal effect as if made under early 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 13 if changed, or on an attachment with an address.

64 C(TY+S1+7)P

SIGNATURE:

CITY-ST-ZIP