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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000101297 (5) DOCUMENT #

TAKTER STABLE, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

22

ALLENTOWN NJ 08501

Mailing Address

229 RT 526

ALLENTOWN NJ 08501

Suite, Apt. #, etc.

2a. Mailing Address

26

27

**FILED** Jan 30 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

X

Applied For

\$8.75 Additional

Fee Required

Not Applicable

3. Date Incorporated or Qualified 12/16/1996

65-0713344

5. Certificate of Status Desired

4. FEI Number

City & Stat	te	City & State	City & State				ection Campaig	n Financing		\$5.00	May Be	
23			28				Tr	ust Fund Contri	bution		Added	
Zip	<u> </u>	Country	Zip	Zip Col		untry		is corporation	owes or has pa	id the cui	rrent year Int	angible
24	25 29 30							Personal Property Tax due June 30. Yes No				
Name and Address of Current Registered Agent							10. N	ame and Addr	ess of New Re	gistered	Agent	
FILINGS, INC.						Name						
3732 N.W. 16TH STREET						82 Street Address (P.O. Box Number is Not Acceptable)						
FT. LAUDERDALE FL 33311-4132						83						
						City	85 Zip Code					
					84	•				FL	.   '   '	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a							corporation s	ubmits this stat	ement for the p	urpose of	changing it	s registered
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 little if applicable. (IVOTE: Registered Agent signature required when reinstating)  DATE												
12.	OFFICERS AND DIRECTORS 13.						ADI	DITIONS/CHAN	GES TO OFFIC			
TITLE	-	Mr. 6 4 (Married Br. 1997) 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5				1.1 TITLE					tx Change	Addition
NAME	TAKTER, JIMMY W				1.24NAME		229 RT	526				-
STREET ADDRESS	20372 HACIENDA CI.							own NJ	08501			-
CITY-ST-ZIP						1.4 CITY-ST-ZIP					-v-	
TITLE	D		☐ DELETE	2.1 TI	TLE	-					<b>K</b> Change	Addition
NAME		HRISTINA E		2.2 NA	ME		229 <b>R</b> t	506		-		
STREET ADDRESS						L 2.3 STREET AUURESS I			00501			-
CiTY-ST-ZIP						2. 4 CITY-ST-ZIP		own NJ	00201			-
TITLE			☐ DELETE	3.1 TIT	ΓLE	1					Change	Addition
NAME				3.2 NA	ME							İ
STREET ADDRESS			3.3 STREET AD		ADDRESS							
CITY-ST-ZIP						3.4. CITY~ST-ZIP						
TITLE			DELETE	4.1 TI	LE						Change	☐ Addition
NAME				4. 2 N/	AME							
STREET ADDRESS				4,3 ST	REET A	ADDRESS						
CITY - ST - ZIP				4.4 CIT	TY-ST	- ZIP						
TITLE			DELETE	5.1 TIT	LE	İ					Change	Addition
NAME				5.2 NA	ME	-						ļ
STREET ADDRESS				5.3 ST	REET A	DDRESS		•				
CITY - ST - ZIP				5.4 CIT	Y-ST	- ZIP						•
TITLE			DELETE	6.1 TIT	ĻĒ						Change	Addition
NAME				6.2 NA	ME							
STREET ADDRESS				6.3 ST	REET A	DDRESS						
CITY-ST-ZIP				6.4 CIT								ļ
14. I hereby c	ertify that the inf	ormation supplied wi	th this filing does not qualify	for the exe	mpti	on stated	in Section 1	19.07(3)(i), Flor	ida Statutes. I f	urther cer	tify that the	information

Is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE: 🗾