PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000102157

1. Corporation Name

L & A STABLE, INC.

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90091 032 ***150.00



						- I (EELKEEL HE LAKE ALHK BAHK BAHK E			
Principal Place of Business Mailing Address							.,,	****	
8641 N. LAKE DASHA DRIVE 8641 N. LAKE DASHA DRIVE									
PLANTATION F	PLANTATION FL 33324	ATION FL 33324			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed	12 114 11110	31 AOL	
						12/18/1996			
0. 5::- 159	- f Duning	2a. Mailing Address				12/10/1990 4. FEI Number		\top	pplied For
	ace of Business	26.				65-0725005			ot Applicable
Suite, Apt.	# oto	Suite, Apt. #, etc.				03 0723003			Additional
		27				5. Certifcate of Status Desired			equired
City & State		City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip Country				8. This corporation owes the current year Intangible			
24	25 29 30				Personal Property Tax. Yes No				
	9. Name and Address of Current	Registered Agent				10. Name and Address of New	Registered A	Agent	
			İ	81	Name				
HIRSCH, JEFFREY A			ŀ	82	Street Addre	Address (P.O. Box Number is Not Acceptable)			
8641 N. LAKE DASHA DRIVE			L						
PLAI	NTATION FL 33324			83					
			ł	84	City			85 Zip	Code
	v.		ļ	ļ	·		FL	. } - 1	
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statute	s, the ab	ove-	named corpo	ration submits this statement for the	purpose of	changing its	s registered
office or n	egistered agent, or both, in the State o m familiar with, and accept the obligati	t Florida. Such change was at ons of, Section 607.0505, Flor	itnorized ida Statu	by u ites.	ne corporation	is board of directors. Thereby acce	pt tile appoil	itiliont as it	gistered
SIGNATURE									Į
SIGNATORE	Signature, typed or printed name of registered agent		<u> </u>	Agent :	signature required		DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OF	FICERS AN	☐ Change	
TITLE	D	☐ DELETE	1.1 TIT			•		Change	
NAME	HIRSCH, JEFFREY A		1.2 NA		Ì				}
STREET ADDRESS	8641 N. LAKE DASHA DRIVE		1.3 STF	REET A	ADDRESS	,			J
CITY-ST-ZIP	PLANTATION FL 33324		1.4 CIT	$\overline{}$	ZIP			Change	Addition
TITLE	D	☐ DELETE	2.1 TITI		1	•		Cliarige	
NAME	HIOOH, ELITTE O		2.2 NA		,				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			2.4 CI		-ZIP			Change	Addition
TITLE		☐ DELETE	3.1 TIT					☐ Onlango	- Triadilloni
NAME	•		3.2 NA		, DDDGGG				
STREET ADDRESS					ADDRESS	,			į
CITY-ST-ZIP		☐ DELETE	3.4. CF 4.1 TIT		-ZIP			☐ Change	Addition
TITLE			4.1 III						
NAME					1000000	· · · · · · · · · · · · · · · · · · ·			Í
STREET ADORESS					ADDRESS .				Ì
CITY-ST-ZIP	-	☐ DELETE	4.4 CIT 5.1 TIT	_	-ZIP	· ,		☐ Change	Addition
ITTLE			5.2 NA			•			
NAME					ADDRESS				}
STREET ADDRESS			5.4 CIT						
CITY-ST-ZIP		☐ DELETE	6.1 TIT	_				☐ Change	Addition
TITLE			6.2 NA						_
NAME	· · · · · · · · · · · · · · · · · · ·				ADDRESS	•			ļ
STREET ADDRESS			3.001		70				

14. I hereby 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 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, with all other like empowered.

SIGNATURE: