


FILED

Jun 19 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 # F96000103602 (4)

1. Corporation Name
NIALL BRENNAN STABLES, INC.

Principal Place of Business
9119 NW HIGHWAY 225A
OCALA FL 34482

Mailing Address
9119 NW HIGHWAY 225A
OCALA FL 34482

2. Principal Place of Business
21 9119 NW Highway 225A
Suite, Apt. #, etc.
22 Ocala FL
City, State
23 Ocala FL
Zip Country
24 34482 25 USA

2a. Mailing Address
27 Suite, Apt. #, etc.
28 City & State
29 Zip Country
30

3. Date Incorporated or Qualified
01/01/1997

4. FEI Number
62-1665890

5. Certificate of Status Desired
Not Applicable

6. Election Campaign Financing
Trust Fund Contribution

7. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

8. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 in parentheses of registered agent and the Corporation
Registered Agent signature required when restating


12. OFFICERS AND DIRECTORS
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE
1. PO
BRENNAN, NAILL
9119 NW HIGHWAY 225A
OCALA FL 34482
2. STD
MANCUSO, LARRAINE
3541 SE 31ST TERR
OCALA FL 34471
3. D
BRENNAN, IAN M
9119 NW HIGHWAY 225A
OCALA FL 34482

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE
Signature typed in parentheses of registered agent and the Corporation
Registered Agent signature required when restating

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Secretary of State



DO NOT WRITE IN THIS SPACE

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