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

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP



Change

500002537255 -05/27/98--01091--050

☐ Addition

CORPORATION ANNUAL REPORT 1998 FLORIDA DEPART Secretary DIVISION OF CO	Mortham of State	May 26 199 Secretary	_
DOCUMENT # P970000 437	a <i>5</i>		
EQUINE EXTERPRISES, INC		1 (BAMBE) (18 (B)(B) SIVI BAW BAW BAW	
Principal Place of Business Mailing Address		111111111111111111111111111111111111111	
1911 S. Federal Hwy 1911 S. FEDERAL	. Hwy	,	
Dolray Bench, Fi DELRAY BEACH, FL		DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified	
T	33483	May 7, 19	97
Principal Place of Business 2a. Mailing Address	111	4. FEI Number	Applied For
	eral ITWY	165 075 3959	Not Applica:
Srite_Apt. #, etc. Suite, Apt. #, etc. 27 500		5. Certificate of Status Desired	\$8.75 Additional
23 Delpay Boach (7 28 Delpay R	ach Fr	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Gaunty D Zip	Pountry	8. This corporation owes or has paid	
24 33483 25 tAlm Back 28 33483 3 9. Name and Address of Current Registered Agent	otola Beach	Personal Property Tax due June	30. Yes No
	81 Name	10. Name and Address of New Reg	ingretacy Whatt
FREDERICK R. GRANT	82 Street Addre	PES (P.O. Box Nymber is Not Acceptable	a)
4058 5# Steet #580	1971	S. Federal Hu	<u> </u>
BOCA RATON, PZ 33 432	83 500		<u> </u>
De a Ration	Solpae City	Boach	FL 85 Zip Code 3
11. Pursuant to the provisions of Sections 607.0502 and 607.1500 Florida Statutes office or registered agent, or both, in the State of Torida Social change was autagent (I am familia) with, and accept the following a social so	the above-named corporation	oration submits this statement for the pu	rpose of changing its registered
agent (I am Iamilia) with, and accept the obligations of Accion 607,0505, Florid	da Statutes.	11/0	68
SIGNATURE Bigriffly & Hoed or printed name of registered agent and title if applicable. (NOTE. F	Registered Agent signature require	id when reinstating)	DATE
12. OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE DELETE	1.1 TITLE	dyn S. Pox	Change Additi
STREET ADDRESS 1911 S. FCdeRAL Ltuy	1.3 STREET ADDRESS /9	11 S. FROERM H	wy
CITY-ST-ZIP DelRay Beach Ft 33483	1.4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	33 <i>483</i>
TITLE DELETE	2.1 TITLE	-	Change Addition
NAME	2.2 NAME		
STREET ADDRESS	2.3 STREET ADDRESS		
CITY-ST-2IP TITLE DELETE	2.4 CITY-ST-ZIP		Change Addition
NAME DELECTE	3.1 TITLE 3.2 NAME		Cuside Ci young
STREET ADDRESS	3.2 NAME 3.3 STREET ADORESS		
CITY-ST-ZIP	3.4. CITY-ST-ZIP		
TITLE DELETE	4.1 TITLE		Change Addition
NAME	4. 2 NAME		
STREET ADDRESS	4.3 STREET ADDRESS		, ,
CITY - ST - ZIP	4.4 CITY - ST-ZIP		/
TITLE DELETE	5.1 TITLE		✓ ✓ Chartos ☐ Additio

***150.00 6.4 CITY - ST-ZIP 14. In 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 the 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 12 in Changes, or on an attachment with an address.

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP