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

PROFIT CORPORATION ANNUAL REPORT. 1999



FLORIDA DEPARTMENT OF STATE **Katherine Harris** 

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P97000044281

1. Corporation Name

STALLIONS HOLDINGS INC.

Principal Place	e of Business	Mailing Address			[		
1300 SOUTH ATA 1300 SOUTH ATA							
SUITE 213 SUITE 213					DO NOT WOLF IN THE	VO 00405	
JUPITER FL 33477 JUPITER FL 33477					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		{
					05/19/1997	11.	Liad Can
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	<u> </u>	lied For
21 26					65-0753822		Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				-	5. Certifcate of Status Desired	<b>\$8.75</b> A	
27 27 City 8 State							
City & State					6. Election Campaign Financing  Trust Fund Contribution	<b>\$5.00</b> i Added to	, ,
28     Zip   Zip			Country				1 ( 663
Zip			30	• • • • • • • • • • • • • • • • • • •		□No I	
24	9. Name and Address of Curre	29	1301		10. Name and Address of New Register		=
	9. Name and Address of Curre	ant Kegistered Agent		31 Name	10. Harris and Madress of Herr Hogister	<u> </u>	
CAR	OTHERS, BARRY ESO						
6650 WEST INDIANTOWN ROAD			· ·	32 Street Addr	ess (P.O. Box Number is Not Acceptable)		
	E 200		}	33	<u> </u>		
,	TER FL 33445-8			,,,			
, ,0,,	16116 30410-0			34 City		85 Zip C	ode
							registered
11. Pursuant	to the provisions of Sections 607.05	602 and 607.1508, Florida Statu e of Florida, Such change was a	tes, the ab authorized	ove-named corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	pointment as reg	istered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Flo	rida Statu	es.	,		
SIGNATURE							\
	Signature, typed or printed name of registered ag		_ <del>-</del>	gent signature require	d when reinstating)  ADDITIONS/CHANGES TO OFFICERS	AND DIDECTOR	2C IN 12
12.		ND DIRECTORS  ☐ DELETE	13.		ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	D D	□ nereie	1.1 ΠΤ			onengo	
NAME	MIELE, DOMENIC		1.2 NA				i
STREET ADDRESS	1300 SOUTH A1A, #213		1.3 STR				
CITY-ST-ZIP	JUPITER FL 33477		_	'-ST-ZIP		Change	Addition
TITLE	D	☐ DELETE	2.1 TITLE			Change	☐ Youron
NAME	DADDONO, JOHN		2.2 NA	E			
STREET ADDRESS	1300 SOUTH A1A, #213		2.3 STF	EET ADDRESS		-	
CITY-ST-ZIP	JUPITER FL 33477		2. 4 CFT	Y-ST-ZIP			CT A dalki
TITLE	·	☐ DELETE	3.1 TITL	E		Change	Addition
NAME			3.2 NA	E			
STREET ADDRESS			3.3 STF	EET ADDRESS			
CITY-ST-ZIP			3.4. CIT	Y-ST-ZIP			
TITLE		☐ DELETE	4.1 TITT	E		☐ Change	☐ Addition
NAME			4. 2 NA	Æ			
STREET ADDRESS			4.3 STF	EET ADDRESS			
CITY-ST-ZIP	•		4.4 CIT	r-ST-ZIP			
TIFLE	. DELETE 5.1 T		5.1 TITI	E		Change	Addition
NAME			5.2 NA	Æ j			
STREET ADDRESS			5.3 STF	EET ADDRESS			
CITY-ST-ZIP			5.4 CFT	r-ST-ZiP	_		
TITLE		☐ DELETE	6.1 TITI	E		☐ Change	Addition
ł							
NAME			6.2 NAJ	iE			

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADORESS

CITY-ST-ZIP

(Su) 818-4683