

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

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90090 008 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P97000061241

1. Corporation Name  
 EQUESTRIAN MARKETING GROUP, INC.



Principal Place of Business  
 13873 WELLINGTON TRACE #B-2  
 WEST PALM BEACH FL 33414 #B-1

Mailing Address  
~~13873 WELLINGTON TRACE #B-2~~  
~~WEST PALM BEACH FL 33414~~  
 P.O. Box 1331  
 LOXAHATCHEE, FL 33470

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
 07/14/1997

4. FEI Number  
 65-0774626

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 Suite, Apt. #, etc. SUITE B.1  
 22 13873 WELLINGTON TRACE  
 City & State  
 23 Loxahatchee  
 Zip Country  
 24 FL 25 33470

2a. Mailing Address  
 26 P.O. Box 1331  
 Suite, Apt. #, etc.  
 28 Loxahatchee  
 Zip Country  
 29 FL 30 33470

9. Name and Address of Current Registered Agent  
 WIRTZ, LINDA S  
 13873 WELLINGTON TRACE #B-2 #B.1  
 WEST PALM BEACH FL 33414

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable) SUITE B.1  
 83  
 84 City FL 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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

DPS  
 WIRTZ, LINDA S  
 13873 WELLINGTON TRACE #B-2 #B-1  
 WEST PALM BEACH FL 33414

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

DVT  
 VAN DELL, JOHN  
 13873 WELLINGTON TRACE #B-2 #B-1  
 WEST PALM BEACH FL 33414

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS SUITE B.1  
 1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS SUITE B.1  
 2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 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)(l), 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: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.14.99  
 Date Daytime Phone #

CR2E034 (1/198)