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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000067447 (7)

INDIAN GROVE RIDING ACADEMY, INC.

FILED Apr 15 1998 8:00am Secretary of State



Fillicipal Flac	e or Business	Maning Address		
7680 NORTHWEST 82ND TERRACE PARKLAND FL \$3067		7660 NORTHWEST 6 PARKLAND FL 3306		·
FRANCAINO	FL 43007	PARKLANU FL 3300		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
				08/05/1997
2. Principal Place of Business		2a. Mailing Address		4. FEI Number Applied For
21		26		65-07737/4 X Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22		27		5, Certificate of Status Desired Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
4	25	29	30	Personal Property Tax due June 30. Yes X No
	g, Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registered Agent
	MENISAWYER-CHARTERED-		81 Name	Shellie M. Facingia
9.	49-ALMERIA-AVENUE			dress (P.O. Box Number is Not Acceptable)
6	ORAL GABLES FL 33134			,
			83 -7	660 NW 822 Tellace
			84 City	660 NW 02 / [[ACE]
			Pa	1 N /00 - F/ FL 33067
11. Pursuant t	to the provisions of Sections 607.0	502 and 607.1508, Florida Stal	utes, the above-named co	proporation submits wis statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
office or re	egistered agent, of bloth, in the Sta m familial with, accept the obt	te of Florida. Such change wa loations of, Section 607 0505.	s authorized by the corpor Florida Statutes	ration's board of directors. I hereby accept the appointment as registered
SIGNATURE (Yhillin ta	10111	Shellie Fal	ragio President 4/1/98
SIGNATURE Y	Signature typed or printed name of registered a	igen and the it oplicable. (N	OTE: Registered Agent signature reg	quired when reinstating) DATE
12.		ND DIMECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PVST	DELETE	1.1 TITLE	Change Addition
NAME	Farrugia, Shellie M		1.2 NAME	
STREET ADDRESS	7660 NORTHWEST 82ND	TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PARKLAND FL 33067		1.4 City - St - ZiP	
TITLE	D	DELETE	21 TITLE	Change Addition
NAME	Farrugia, shellië m		2.2 NAME	
STREET ADDRESS	7660 NORTHWEST 82ND	TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PARKLAND FL 33067		2. 4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-S1-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	☐ Change ☐ Addition
NAME		house or a second	5.2 NAME	C onungo C Addition
STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS	
-				
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE	Change Addition
NAME	•	L. OCCLIE	6.1 ATTE	LI Change LI ADDITION
STREET ADDRESS			6.3 STREET ADDRESS	
City-St-ZiP	ortify that the information supplied	with this films does not a settle	6.4 CITY-ST-ZIP	in Postion 110 07/2VI) Elevido Platitos 15 tables and the the state of
inglicated of	enny mat the information supplied on this annual report or supplemen	war ans ming ooes not quality tal agguel report is true and a	nor the exemption stated (ocurate and that my signat	in Section 119.07(3)(i), Florida Statutes. I further certify that the information ture shall have the same legal effect as if made under oath; that I am an
officer or of Block 12 o	tirector of the corporation or the re-	ceiver or trusted empowered to achiment with an artifrees	execute this report as re-	ture shall have the same legal effect as if made under oath; that I am an equired by Chapter 607, Florida Statutes; and that my name appears in
DOUR 12 U	. Siddly to it changed, it on all att	aoning it with all address.	· One//	ie H,
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