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 # 1. Corporation Name P97000101319 (6)

PARKLAND STABLES, INC.

FILED Apr 15 1998 8:00am Secretary of State



*						
Principal Place of Business Mailing Address						
8000 84TH AVE 8000 84TH AVE PARKLAND FL 33067 PARKLAND FL 33067					DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 12/02/1997		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For	
21 Suite, Apt	26 6988 N.W. 52 (65-0813452 Not Applicable	
Suite, Apt. #, etc.		Suite, Apl. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required	
City & State	28 COYAL SOYINGS,		, 31		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip 24	Country 25	29 33067	Count	ŠA	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
9. Name and Address of Current Registered Agent				·	10. Name and Address of New Registered Agent	
MOFFETT, TAMARA F				81 Name		
8000 84TH AVE			8	2 Street	et Address (P.O. Box Number is Not Acceptable)	
PARKLAND FL 33067				3		
			Ľ			
			8	4 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						
Signature, typed or perited name of registered agent and title diapplicable (NOTE: Registe 12. OF FICE RS AND DIRECTORS 13				gent signatur	nure required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D OF ICE IS AND	DELETE	1.1 1111		Change Addition	
NAME	MACCETT THURS		1.2 NAM	E		
STREET ADDRESS	8988 NW 52ND COURT		1.3 STRE	ET ADDRESS	ıs	
CITY-ST-ZIP	CORAL SPRINGS FL 33067		1.4 CITY	-ST-ZIP	4	
TITLE	D	DELETE	2.1 TITU		Change X Addition	
NAME	PECK, ALISSA		2.2 NAM	E	TINA URBAN	
STREET ADDRESS	8988 NW 52ND COURT			ET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33067	DELETE		'- S1 - ZIP	Coral Sprints, Ft 33067	
TITLE		[] DECEIR	3.1 TITU		Change : Addition	
NAME ATRICET ADDOCCO			3.2 NAM	ET ADDRESS		
STREET ADDRESS City-St-Zip				- ST - ZIP	3	
TITLE		☐ DELETE	4.1 TITU		Change Addition	
NAME			4. 2 NAN	1E		
STREET ADDRESS			4.3 STRE	ET ADDRESS	ıs	
CITY-ST-ZIP			4.4 CITY	- S1 - ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAM	E		
STREET ADDRESS			5.3 STRE	ET ADDRESS	s	
CITY-ST-ZIP		I an are	5.4 CITY		T Observe T Larger	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAM			
STREET ADDRESS				ET ADDRESS	5	
CITY-ST-ZIP			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 duanged, or on an attachment with an address.

3/21/20 1064) 341-9463