

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 # P97000101319

1. Corporation Name

PARKLAND STABLES, INC.

Principal Place of Business

8000 84TH AVE
PARKLAND FL 33067

Mailing Address

8988 NW 52 CT
CORAL SPRINGS FL 33067
US

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90097 011 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/02/1997

4. FEI Number

65-0813452

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

MOFFETT, TAMARA P
8000 84TH AVE
PARKLAND FL 33067

10. Name and Address of New Registered Agent

81 Name

Kimberly A. Kostzer

82 Street Address (P.O. Box Number is Not Acceptable)

691 NW 48th Avenue

83

84 City

Deerfield Beach

FL

85 Zip Code

33442

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

Kimberly A. Kostzer

4/22/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME D
MOFFETT, TAMARA
STREET ADDRESS 8988 NW 52ND COURT
CITY-ST-ZIP CORAL SPRINGS FL 33067

TITLE ☒ DELETE

NAME D
URBAN, TINA
STREET ADDRESS 8988 NW 52 CT
CITY-ST-ZIP CORAL SPRINGS FL 33067

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

NAME D
Kimberly A. Kostzer
1.2 NAME
1.3 STREET ADDRESS 691 NW 48th Avenue
1.4 CITY-ST-ZIP Deerfield Beach, FL 33442

2.1 TITLE ☒ Change ☐ Addition

NAME D
Pamela Calciano
2.2 NAME
2.3 STREET ADDRESS 691 NW 48th Avenue
2.4 CITY-ST-ZIP Deerfield Beach, FL 33442

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)(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.

SIGNATURE:

Kimberly A. Kostzer

Kimberly A. Kostzer 4/22/99 954-427-1211

Date

Daytime Phone #