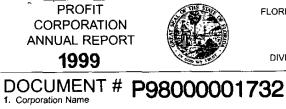
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

SIGNATURE:

EQUESTRIAN TACK AMERICA, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90229 033 ***158.75



| | | | | | | . | |
|---|--|----------------|---------------------------|----------|--------|------------------|--|
| Principal Place | e of Business | ailing Address | g Address | | | | |
| 300 SOUTHEAST 8TH COURT 2300 SOUTHEAST 8TH | | | | | | | |
| OMPANO BEACH FL 33062 | | | POMPANO BEACH FL 33062 | | | | DO NOT WRITE IN THIS SPACE |
| | | | | | | | 3. Date Incorporated or Qualifed |
| | | | | | | | 01/08/1998 |
| 2. Principal Place of Business | | | 2a. Mailing Address | | | | 4. FEI Number Applied For |
| r rimoparri 1 | ace of business | 26 | Maining ricarcos | _ | / | | 65-0805615 Not Applicable |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | \$8.75 Additional |
| Suite, Apt. #, etc. | | | ¬ ' / | | | | 5. Certificate of Status Desired Fee Required |
| City & State | | | City & State | | | | 6. Election Campaign Financing 5.00 May Be |
| 3 | | | 28 | | | | Trust Fund Contribution Added to Fees |
| Zip | Country | 1201 | Zip | Cou | intry | | 8. This corporation owes the current year Intangible |
| a | 25 | 29 | | 0 | - | | Personal Property Tax. |
| | 9. Name and Address of Current i | | | <u> </u> | Ī | | 10. Name and Address of New Registered Agent |
| | | | | | 81 | Name | |
| AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134 | | | | | | Ot 4 A d | de co /D.O. Dou Nicobo in Not Accontobio) |
| | | | | | | Street Auc | dress (P.O. Box Number is Not Acceptable) |
| | | | | | | | |
| | | | | | | | |
| | | | | | 84 | City | FL 85 Zip Code |
| 11 Pursuant | to the provisions of Sections 607 0502 | and 6 | 07.1508, Florida Statutes | the a | bove | -named cor | moration 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 | N/A | | | | | | red when reinstating) DATE |
| 12. | Signature, typed or printed name of registered agent a OFFICERS AND | | | 13. | Agen | signature requii | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| | PSTD | DIKE | DELETE | 1.1 TI | TI F | | ☐ Change ☐ Addition |
| TILE | | | C) Details | 1.2 N | | | |
| NAME | SWANIGAN, JOAN 2300 SOUTHEAST 8TH COURT | | | | | ADDRESS | |
| TREET ADDRESS | | | | | | | Í |
| CITY-ST-ZIP | POMPANO BEACH FL 33062 | | ☐ DELETE | 2.1 TI | TY-SI | -214 | ☐ Change ☐ Addition |
| TITLE | | | C Deceie | | | | |
| IAME | | | | 2.2 N | | | (|
| STREET ADDRESS | | | | | | ADDRESS | |
| CITY-ST-ZIP | | | O DELETE | _ | ITY-S | T-ZIP | Change Addition |
| TITLE | | | ☐ DELETE | 3.1 TI | | | |
| AME | | | | 3.2 N | | | |
| STREET ADDRESS | | | | | | ADDRESS | |
| CITY-ST-ZIP | | | | _ | TY-S | T-ZIP | Chance |
| TITLE | | | ☐ DELETE | 4.1 71 | | 1 | ☐ Change ☐ Addition |
| NAME | | | | 4. 2 N | IAME | | • |
| STREET ADDRESS | | | | 4.3 S | TREET | ADDRESS | |
| CITY-ST-ZIP | <u> </u> | | | 4.4 C | ITY-S1 | -ZIP | |
| TITLE | | | ☐ DELETE | 5.1 TI | | | ☐ Change ☐ Addition |
| AME | | | | 5.2 N | | | |
| STREET ADDRESS | | | | 5.3 S | TREET | ADDRESS | |
| CITY-ST-ZIP | | | | _ | TY-S1 | -ZiP | |
| TITLE | | | ☐ DELETE | 6.1 TI | | | ☐ Change ☐ Addition |
| NAME | | | | 6.2 N | AME | | |
| STREET ADDRESS | | | | 635 | TREET | ADDRESS | |
| CITY-ST-ZIP | | | | 64C | ITY-SI | r-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 processes, with all other like empowered.