

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Kathleen Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000017040

1. Corporation Name
MB STABLES, INC.

Principal Place of Business
76 SANDHILL ROAD
FLEMINGTON NJ 08822

Mailing Address
76 SANDHILL ROAD
FLEMINGTON NJ 08822

FILED

99 DEC -6 PM 12:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

99

2. Principal Place of Business		2a. Mailing Address	
21 3405 OLD HAMPTON CIRCLE	26 22 MORVEN PLACE		
22 City & State	27 City & State		
23 WELLINGTON FL	28 PRINCETON NJ		
24 33414	29 08540	30	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ROCHEFORT, LAWRENCE P 777 SOUTH FLAGLER DRIVE SUITE 900 EAST TOWER WEST PALM BEACH FL 33401		81 Name BOLEY & FATTORI 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 205 83 11900 SE FEDERAL Hwy 84 City HOBE SOUND FL 85 Zip Code 33455	

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: *Lawrence P. Rochefort* DATE: 10/1/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSID	1.1 TITLE	PRESIDENT
NAME	BERKLEY, KENNETH G	1.2 NAME	PALA MOSTELLER
STREET ADDRESS	76 SANDHILL ROAD	1.3 STREET ADDRESS	22 MORVEN PLACE
CITY-ST-ZIP	FLEMINGTON NJ 08822	1.4 CITY-ST-ZIP	PRINCETON NJ 08540
TITLE		2.1 TITLE	VICE PRESIDENT
NAME		2.2 NAME	KENNETH G. BERKLEY
STREET ADDRESS		2.3 STREET ADDRESS	76 SANDHILL ROAD
CITY-ST-ZIP		2.4 CITY-ST-ZIP	FLEMINGTON NJ 08822
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	400003070154--0
STREET ADDRESS		4.3 STREET ADDRESS	-12/14/99--01104--003
CITY-ST-ZIP		4.4 CITY-ST-ZIP	***750.00 ***750.00
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Pala Z. Mosteller* DATE: 9/9/99