FILED Apr 16, 1999 8:00 am Secretary of State

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## 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 # P98000096068 1. Corporation Name

RIVERCREST FARM EQUESTRIAN CENTER, INC.

Principal Place of Business Mailing Address												
2400 BRANDYWINE LANE MELBOURNE FL 32904  AMELBOURNE FL 32904  MELBOURNE FL 32904												
	•		_				D	O NOT WRI	ITE IN THIS	SPACE		
		ء جاء <del>ساست</del> ائيل السيمان	~ <u> </u>	~		-	ate Incorporated 1/10/1998	or Qualifed		<del></del>		
2 Principal P	lace of Business	2a. Mailing Address					I Number			Ap	plied For	
21		26					54 <i>-3</i> 9	387	$H_0$	No	t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.							ertifcate of Statu	s Desired		\$8.75 Additional Fee Required		
22     27						e Ele	ection Campaign	:	<del></del>	\$5.00	May Re	
							ust Fund Contril	. 7		Added		
28     Zip   Country   Zip			Cou	Country			is corporation o		rent vear in	itangible		
	25	29	30	•			ersonal Property		TOTAL YOUR IN	Yes	□No	
24	9. Name and Address of Current	L	30				ame and Addre		Registered	Agent		
	3. Name and Address of Current	togistorou riguit		81	Name			<u></u>				
CYR	, RICHARD L										~	
2400 BRANDYWINE LANE				82	Street A	ddress (P.O.	. Box Number is	Not Accept	able)			
MELBOURNE FL 32904				83						<del></del>		
				84	City				FL	85 Zip	Code	
SIGNATURE	Signature, typed or printed name of registered agent a OFFICERS AND		Registered	-∼. Agent	t signature req	uired when reinst	tating)	GES TO OF	DATE FICERS A	ND DIRECTO		
12.			- 1.1 Til	1 F	<u> </u>	7,01	27710110101111111	020 10 01	110211011	Change	☐ Addition	
	Richard L. Cyr	President	1.2 NA									
NAME	2400 Brandywla	elano			ADDRESS							
STREET ADDRESS	l 1 ~	( 32904									i	
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TITLE												
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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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE:** 

NAME

STREET ADDRESS

CITY-ST-ZIP

2/2/99 407-722-2844