

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT

1995

DOCUMENT # V04339

(0)

TEAM STABLE, INC.



FLORIDA DEPARTMENT OF STATE

Secretary of State

Department of State

1000 North West 1st Street, Suite 1000

APPROVED
AND
FILED

JUN 12 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1212 SE 1ST AVENUE
FT LAUDERDALE FL 33316

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FT LAUDERDALE FL 33316

3. Corporate Registration Report	3a. Date of Last Report
01/06/1992	01/19/1994
4. Filing Number	65-0308220
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
8. This corporation has liability for unpaid taxes under the 1991 CFSZ	☒ Yes ☐ No
10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent

LEKACH CRAIG W
1212 SE 1ST AVENUE
FT. LAUDERDALE FL 33316

81. Name	
82. Street Address of Registered Agent	
83. City	
84. State	FL
85. Zip Code	

11. The undersigned hereby certifies that the information furnished in this report is true and correct to the best of their knowledge and belief, and that the same was authorized by the corporation, board of directors, or other governing body of the corporation, and that the undersigned is a duly authorized officer or director of the corporation.

12. Name and Address of Registered Agent	13. Additional Changes to Officers, Directors, and Key Personnel																																								
D LEKACH, CRAIG 1212 SE 1ST AVENUE FT LAUDERDALE FL	<table border="1"><tr><td>1. Name</td><td></td></tr><tr><td>2. Address</td><td></td></tr><tr><td>3. City</td><td></td></tr><tr><td>4. State</td><td></td></tr><tr><td>5. Zip Code</td><td></td></tr><tr><td>6. Name</td><td></td></tr><tr><td>7. Address</td><td></td></tr><tr><td>8. City</td><td></td></tr><tr><td>9. State</td><td></td></tr><tr><td>10. Zip Code</td><td></td></tr><tr><td>11. Name</td><td></td></tr><tr><td>12. Address</td><td></td></tr><tr><td>13. City</td><td></td></tr><tr><td>14. State</td><td></td></tr><tr><td>15. Zip Code</td><td></td></tr><tr><td>16. Name</td><td></td></tr><tr><td>17. Address</td><td></td></tr><tr><td>18. City</td><td></td></tr><tr><td>19. State</td><td></td></tr><tr><td>20. Zip Code</td><td></td></tr></table>	1. Name		2. Address		3. City		4. State		5. Zip Code		6. Name		7. Address		8. City		9. State		10. Zip Code		11. Name		12. Address		13. City		14. State		15. Zip Code		16. Name		17. Address		18. City		19. State		20. Zip Code	
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14. The undersigned hereby certifies that the information furnished in this report is true and correct to the best of their knowledge and belief, and that the same was authorized by the corporation, board of directors, or other governing body of the corporation, and that the undersigned is a duly authorized officer or director of the corporation.

SIGNATURE:

SIGNATURE AUTHORIZED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRAIG W. LEKACH, PRES

5-15-95

305-522-

0185