

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V64212** (6)

1. Corporation Name

EQUESTRIAN HOLDINGS, INC.



Principal Place of Business

**C/O TAM REAL ESTATE FLORIDA, INC.
829 DONALD ROSS ROAD
JUNO BEACH FL 33408
US**

Mailing Address

**C/O TAM REAL ESTATE FLORIDA, INC.
829 DONALD ROSS ROAD
JUNO BEACH FL 33408
US**

3. Date Incorporated or Qualified

09/14/1992

3a. Date of Last Report

03/23/1995

4. FEI Number

65-0350796

Applied For

Not Applicable

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 intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**JAMES R. KAY, P.A.
2000 PALM BCH LKS BLVD
STE 1002
W PALM BCH FL 33409**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PDS** ☐ DELETE
NAME **HASHWANI, HATIM**
STREET ADDRESS **% TAM REAL ESTATE FL, 829 DONALD ROSS ROAD**
CITY-ST-ZIP **JUNO BEACH FL 33408**

TITLE **TVD** ☐ DELETE
NAME **AL SAYED, EBRAHIM S**
STREET ADDRESS **% TAM REAL ESTATE FL, 829 DONALD ROSS ROAD**
CITY-ST-ZIP **JUNO BEACH FL 33408**

TITLE **VD** ☐ DELETE
NAME **CLARK, SUSAN I**
STREET ADDRESS **% TAM REAL ESTATE FL, 829 DONALD ROSS ROAD**
CITY-ST-ZIP **JUNO BEACH FL 33408**

TITLE **AS** ☒ DELETE
NAME **JANAKI, ESAM**
STREET ADDRESS **% TAM REAL ESTATE FL, 829 DONALD ROSS ROAD**
CITY-ST-ZIP **JUNO BEACH FL 33408**

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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HATIM HASHWANI

2/13/96

407-775-7007

Date

Daytime Phone

CR2E034 (12/95)