

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

FILED
May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V64212** (6)
1. Corporation Name
EQUESTRIAN HOLDINGS, INC.



Principal Place of Business 610 TAM REAL ESTATE FLORIDA INC 1711 WORTHINGTON RD SUITE 100 WEST PALM BEACH FL 33409 US	Mailing Address 610 TAM REAL ESTATE FLORIDA INC 1711 WORTHINGTON RD SUITE 100 WEST PALM BEACH FL 33409 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8556 Palm Parkway Suite, Apt. #, etc. 22 City & State 23 Orlando, FL Zip 24 32836	2a. Mailing Address 26 8556 Palm Parkway Suite, Apt. #, etc. 27 City & State 28 Orlando, FL Zip 29 32836	3. Date Incorporated or Qualified 09/14/1992	4. FEI Number 65-0350796 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent JAMES R. KAY, P.A. 500 VILLAGE BLVD. SUITE 100 WEST PALM BEACH FL 33409	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) Akerman, Senterfitt & Eidson, P.A. 83 777 S. Flagler Drive #900, East Tower 84 City West Palm Beach 85 Zip Code FL 33401
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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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDS <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASHWANI, HATIM	1.2 NAME	
STREET ADDRESS	1711 WORTHINGTON RD., SUITE 100	1.3 STREET ADDRESS	8556 Palm Parkway
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	Orlando, FL. 32836
TITLE	TVD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AL SAYED, EBRAHIM S	2.2 NAME	
STREET ADDRESS	1711 WORTHINGTON RD., SUITE 100	2.3 STREET ADDRESS	8556 Palm Parkway
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	Orlando, FL. 32836
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, SUSAN I	3.2 NAME	
STREET ADDRESS	1711 WORTHINGTON RD., SUITE 100	3.3 STREET ADDRESS	8556 Palm Parkway
CITY-ST-ZIP	WEST PALM BEACH FL	3.4 CITY-ST-ZIP	Orlando, FL. 32836
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, 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, in an attachment with an address.

SIGNATURE: *Hatim S. Hashwani* 4/27/98 407-239-9142

CP2E034 (10/97)