

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

**APPROVED AND FILED**

95 MAY -1 PM 11:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995  
  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Morham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P29109 (6)**  
 1. Corporation Name  
**SILVERBROOK STABLES, INC.**

Principal Place of Business Mailing Address  
**2233 BRITANNIA ROAD MILTON, ONTARIO L9T 2X5 CANADA**      **2233 BRITANNIA ROAD MILTON, ONTARIO L9T 2X5 CANADA**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip Country 28 Zip Country  
 24 25 29 30

3. Date Incorporated or Qualified **04/24/1990** 3a. Date of Last Report **03/16/1994**  
 4. FEI Number **59-3000444** 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**  
 9. This corporation has liability for intangible tax under S. 193.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**BRUNTON REGISTERED AGENTS, INC.  
 4710 NW BOCA RATON BLVD  
 SUITE 101  
 BOCA RATON FL 33431**

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 reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>PO</b>
NAME	<b>BROOKS, WILLIAM CLIVE</b>
STREET ADDRESS	<b>507 TIPPERTON CRESCENT</b>
CITY - ST - ZIP	<b>OAKVILLE, ONTARIO</b>
TITLE	<b>VD</b>
NAME	<b>BROOKS, CARY JOHN</b>
STREET ADDRESS	<b>8001 S E 7TH AVE RD</b>
CITY - ST - ZIP	<b>OCALA FL</b>
TITLE	<b>SD</b>
NAME	<b>SILVERA, CECIL LAWRENCE</b>
STREET ADDRESS	<b>2233 BRITANNIA ROAD</b>
CITY - ST - ZIP	<b>MILTON, ONTARIO</b>
TITLE	<b>TD</b>
NAME	<b>BROOKS, PHILIP NORMAN</b>
STREET ADDRESS	<b>507 TIPPERTON CRESCENT</b>
CITY - ST - ZIP	<b>OAKVILLE, ONTARIO</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(b), Florida Statutes. I further certify that the information included 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, or an attachment with an address.

SIGNATURE: *Cary Brooks* **CARY BROOKS, V.P.** **4/28/95** **904-840-0870**  
 SIGNATURE AND TYPE ON PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR DATE TELEPHONE #