

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P29109

1. Corporation Name

SILVERBROOK STABLES, INC.
8500 LESLIE STREET, SUITE 320
THORNHILL, ONTARIO, CANADA L3T 7M8

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified **04/24/1990** 3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number **59-3000444** Applied For Not Applicable

21 Suite, Apt. # etc

26 Suite, Apt. #, etc

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes Yes No

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10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

BRUNTON REGISTERED AGENTS INC.
4710 NW BOCA RATON BLVD.
SUITE 101
BOCA RATON, FL 33431

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 of Registered Agent (Typed or Printed Name of Registered Agent)

Signature of Registered Agent (Typed or Printed Name of Registered Agent)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P/D**
NAME **BROOKS, WILLIAM CLIVE**
STREET ADDRESS **507 TIPPERTON CRESCENT**
CITY, ST, ZIP **OAKVILLE ON CANADA**

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

TITLE **V/D**
NAME **BROOKS, CARY JOHN**
STREET ADDRESS **8001 SE 7th AVENUE ROAD**
CITY, ST, ZIP **OCALA FL**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

TITLE **S/D**
NAME **SILVERA, CECIL LAWRENCE**
STREET ADDRESS **171 JESSIE AVENUE**
CITY, ST, ZIP **CAMPBELLVILLE ON CANADA**

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

TITLE **T/D**
NAME **BROOKS, PHILIP NORMAN**
STREET ADDRESS **507 TIPPERTON CRESCENT**
CITY, ST, ZIP **OAKVILLE ON CANADA**

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

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*****200.00**

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 its 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

3/18/96 905-387-3660-46

CR2E034 (12/95)